State of Idaho

102024

Department of State

CERTIFICATE OF AUTHORITY
OF

CONSUMER INSURANCE ASSOCIATES, INC.

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of CONSUMER INSURANCE ASSOCIATES, INC 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 CONSUMER INSURANCE ASSOCIATES, INC. to transact business in this State under the name CONSUMER INSURANCE ASSOCIATES, INC. and attach hereto a duplicate original of the Application for such Certificate.

Dated: August 17, 1993

THE COLOR

Site of Cenarrusa SECRETARY OF STATE

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APPLICATION FOR CERTIFICATE OF AUTHORITY (Profit Storporation) 2 34 (Profit Storporation) 2 34 (Profit Storporation) 2 34

Authority to transact business in your State, and for that pu	d Corporation hereby applies for a Certificate of rpose submits the following statement:
The name of the corporation isConsumer Insurar	ice Associates, Inc.
The name which it shall use in idaho is Consumer Ins	urance Associates. Inc.
(To be used only when required to avoid a conflict with a name all Directors resolution adopting assumed name in idaho.)	ready on file. Must be accompanied by a Board of
It is incorporated under the laws ofSouth_Carolin	12
The date of its incorporation is	and the period of its duration,
if other than perpetual, is	
The address of its principal office in the state or country und	der the laws of which it is incorporated is
204 LaWand Dr., P.O.Box 21646, Colum	·
The address to which correspondence should be addressed	, if different than Item 5, is
Same As Above	
The street address of its proposed registered office in Idaho	ois 877 Main Street
Boise, Idaho 83702-5858	
registered agent in Idaho at that address isPrentice	
The purpose or purposes which it is proposed to pursue in the	
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To transact credit insurance throu	gh financial institutions
TO Clausact Credit Insurance throu	gh financial institutions
(Continued on reverse)	
(Continued on reverse)	Secretary of State use only
(Continued on reverse) Submit applications and certificate of status to:	Secretary of State use only IBAHD SECRETARY OF STATE 19930817 0900 13920 2
(Continued on reverse) Submit applications and certificate of status to: Office of the Secretary of State	Secretary of State use only IBAHD SECRETARY OF STATE 19930817 0900 13920 2 CK 8: 3301 CUSTS 1
(Continued on reverse) Submit applications and certificate of status to:	Secretary of State use only IBAHD SECRETARY OF STATE 19530817 0900 13920 2 CK #: 3301 CUST# 1

9. The names and respecti	ve addresses of its direct	tors and officers are:
Name	Office	Address
O.S. Boan, Jr.	President	7 Catesby Vale, Greenville, SC 29602
Ted Boan	Vice-President	Route 4, Box 763, Manning, SC 29102
Tim Boan	Sec/Treas.	133 Turnberry Lane, Lexington, SC 29072

10. The corporation accepts Idaho.	and shall comply with th	e provisions of the Constitution and the laws of the State of
	•	of Corporate Status or Existence, dated within 90 days, duly country under the laws of which it is incorporated.
Dated: July 15, 199	3	
		Consumer Insurance Associates, Inc.
	By I	President (Corporation name)
		Sec/Treas. My (please specify)
	and	Its Secretary/Assistant Secretary (please specify)
STATE OF South Caro) s s:	
COUNTY OF Richland)	
I, <u>Juanita H.</u>	Ritchie	, a notary public, do hereby certify that on
this <u>15th</u> day	of July	, 19 93 , personally appeared before
me Tim Boan		, who being by me first duly sworn, declared that (s)he
is the <u>Secretary/Tre</u>	asurer of C	onsumer Insurance Associates, Inc.
that (s)he signed the foregoing the statements therein contains		cretary/Treasurer of the corporation and that
	Quanitas	N. Retekie 12-3 Notary Public
	COMM. EVD	/2-3 Notary Public

The State of South Carolina SEC. OF STATE

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Office of Secretary of State Jim Miles Certificate of Existence

I, Jim Miles, Secretary of State of South Carolina Hereby certify that:

CONSUMER INSURANCE ASSOCIATES, INC.,

a corporation duly organized under the laws of the State of South Carolina on July 17th, 1970, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to Section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State at Columbia this 28th day of July, 1993.

Jim Miles, Secretary of State

tion has filed the annual report with the Yax Commission. If it is important to know whether the Corporation has paid all taxes due to the State of South Carolina, and has filed the annual reports, a certificate of compliance must be obtained from the Tax Commission.