

CERTIFICATE OF AUTHORITY OF

BUSINESS MEN'S ASSURANCE AGENCY, INC.

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that BUSINESS MEN'S ASSURANCE AGENCY, INC. duplicate originals of an Application of				
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 BUSINESS MEN'S ASSURANCE AGENCY, INC. Authority to				
BUSINESS MEN'S ASSURANCE AGENCY, INC. to transact business in this State under the name				
and attach hereto a duplicate original of the Application				
for such Certificate.				
Dated July 8, 1987				
SECRETARY OF STATE				
Corporation Clerk				

APPLICATION FOR CERTIFICATE OF AUTHORITY

(Profit Corporation)

To the Secretary of State of Pursuant to Section 30- Authority to transact busines	1-110, Idaho Code, the un	idersigned Corporation bat purpose submits the fo	RECEIVED RECEIVED RECEIVED
1. The name of the corporat		'S ASSURANCE AGENO	~~ 10 11
2. The name which it shall u	se in Idaho isBUSINES	S MEN'S ASSURANCE	AGENCY, INC.
(To be used only when re Board of Directors resolu	equired to avoid a conflict ation adopting assumed na	with a name already on me in Idaho.)	file. Must be accompanied by a
3. It is incorporated under the	ne laws ofMissour:	Ĺ	
4. The date of its incorporate	ion isNovember	15, 1983	and the period of its duration
is <u>perpetual</u>			
5. The address of its princip	al office in the state or cou	intry under the laws of w	high it is incorporated in
	9458, Kansas City,		no incorporated to
6. The address to which corn			that in item 5.
7. The street address of its pr	anased registered office in	Idaho is 300 North	6th Street
Boise, Idaho 837	_		
	CTC	ORPORATION SYSTI	, and the name of its proposed
registered agent in Idaho a . The purpose or purposes of			•
	eneral agency	e in the transaction of bu	siness in Idaho are:
	merar agency		
The names and respective	addresses of its directors	and officers are:	
Name	Office		Address
Robert D. Bates	President	P.O. Box 419458	, Kansas City, MO 64141
Robert L. Meeker	Secretary	ħP	FF
G. Curtis Boswell	Treasurer	H.	п
Robert D. Bates	Director	35	61
Ken Louis	Director	tr	rt
Ray Young	Director	PF	n
			(consinued on reverse)

	' Office	Address
Joyce Morrison	Director	P.O. Box 419458, Kansas City, MO 64141
Glenn Phillips	Director	\$1 If
Glenn Jennewein	Director	19 17
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44-11-11-11-11-11-11-11-11-11-11-11-11-1		
		A contraction of the contraction
		-
0. The corporation accepts and	d shall comply with th	he provisions of the Constitution and the laws of the State of
Idaho.		
rai esseri e a la l		of Comments Continued Tollers and during make anticontrol by the
		of Corporate Status or Existence, duly authenticated by the tree laws of which it is incorporated.
proper officer of the sta	te or country unor	er the laws of which it is incorporated.
Dated: July /	1987	a e
	Wild and the second sec	_
		BUSINESS MEN'S ASSURANCE AGENCY, INC.
		(Corporation Name)
	_	(Corporation Name)
	Ву	TWant Safe
	Ву	Its Production Vice President (please specify)
	By	Its Product! Vice President (please specify)
MTCCOUDT	•	TWant Safe
STATE OF MISSOURI	and)	Its Product! Vice President (please specify)
TACTOON	•	Its Product! Vice President (please specify)
COUNTY OF JACKSON	and)) ss:	Its Product! Vice President (please specify) Its Secretary Assistant Secretary (please specify)
COUNTY OF	and)	Its Product! Vice President (please specify) Its Secretary Assistant Secretary (please specify)
COUNTY OF JACKSON 1, Michelle	and	Its President (please specify) Its Secretary (please specify) , a notary public, do hereby certify that or
county of Jackson 1, Wichelle this	and)) ss:)	Its Product! Vice President (please specify) Its Secretary / Assistant Secretary (please specify)
county of Jackson 1, Wiehelle this Robert D. H	and)) ss:)	Its Product! Vice President (please specify) Its Secretary / Assistant Secretary (please specify)
county of Jackson 1, Wichelle this Robert D. I	and)) ss:)	Its Product! Vice President (please specify) Its Secretary / Assistant Secretary (please specify)
county of Jackson I, Michelle this Robert D. I	and)) ss:) M. W'Elr day of	Its Product! Vice President (please specify) Its Secretary / Assistant Secretary (please specify)
COUNTY OF JACKSON I, Michelle this Robert D. I is the President	and)	Its Product! Vice President (please specify) Its Secretary Assistant Secretary (please specify)
county of Jackson 1, Wichelle this Robert D. I is the President that (s)he signed the foregoing de	and)) ss:) M. W'Elr day of	Its President (please specify) Its Secretary (please specify)
county of Jackson 1, Wichelle this Robert D. I is the President that (s)he signed the foregoing de	and)) ss:) M. W'Elr day of	Its Predict Vice President (please specify) Its Secretary (please specify)
county of Jackson 1, Wichelle this Robert D. H	and)) ss:) M. W'Elr day of	Its Product! Vice President (please specify) Its Secretary Assistant Secretary (please specify)
county of Jackson I, Wichelle this Robert D. I is the President that (s)he signed the foregoing dethe statements therein contained	and)) ss:) M. W'Elr day of	Its Predict / Vice President (please specify) Its Secretary / Assistant Secretary (please specify)

Notary Public



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ROY D. BLUNT, Secretary of State

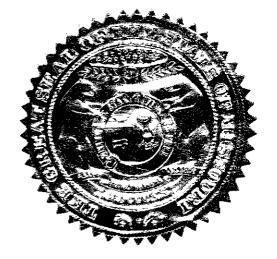
CORPORATION DIVISION

CERTIFICATE OF CORPORATE GOOD STANDING

I, ROY D. BLUNT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

BUSINESS MEN'S ASSURANCE AGENCY, INC.

was incorporated under the laws of this State on the 15th day of NOVEMBER, 1983, and is in good standing, having fully complied with all requirements of this office.



IN TESTIMONY WH	EREOF, I he	reunto set my hand and affix
the GREAT SEAL of	the State of	Missouri. Done at the City
	llth	JUNE
of Jefferson, this		day of,
1987		