State of Idaho

Office of the Secretary of State

CERTIFICATE OF AUTHORITY

OF

PACIFICSOURCE SELF-INSURANCE ADMINISTRATORS, INC.

File Number C 163474

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: 17 November 2005



Ben youra SECRETARY OF STATE

By Kristin Wet



APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

SECRETARY OF STATE The undersigned Corporation applies for a Certificate of Authority and states as follows:

The name of the corporation is:		THE OF DAVID
	ANCE ADMINITURE	
PACIFICSOURCE SELF-INSURANCE ADMINISTRATORS, INC.		
2. The name which it shall use in Idaho is: SELECT BENEFIT ADMINISTRATORS, INC.		
It is incorporated under the laws of: OREGON		
4. Its date of incorporation is: NOVEMBER 26, 2003		
5. The address of its principal office is:		
110 INTERNATIONAL WAY, SPRINGFIELD, OR 97477		
6. The address to which correspondence should be addressed, if different from item 5, is: P 0 BOX 1368, BOISE, ID 83701		
7. The street address of its registered office in Idaho is:, 300 N 6TH STREET, BOISE, ID 83702		
and its registered agent in Idaho at that address is:C_T_CORPORATION_SYSTEM		
8. The names and respective business addresses of its directors and officers are:		
Name	Office	
CER AMPAGA	Office	Address
SEE ATTACHED		
•		
		
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Dated:		Customer Acct # :
$1/\sqrt{2000}$		(if using pre-paid account)
Signature:	,	Secretary of State use only
Typed Name: KENNETH P PROVENCHE	ER cer of the corporation]	anty, profit p. 2005
Capacity: CHIEF EXECUTIVE OFFICE	ER Supplies	1000 1000
[The signer must be a director or an offi	cer of the corporation.]	CK: 5747 CT: 194274 BH: 922683

CK: 5747 CT: 194274 BH: 926683 1 0 100.00 = 100.00 AUTH PRO # 2

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ATTACHMENT TO STATE OF IDAHO APPLICATION FOR CERTIFICATE OF AUTHORITY (FOR PROFIT)

Current Officers and Directors of PacificSource Self-Insurance Administrators, Inc.

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

Name and Address

Official Position

Kenneth P. Provencher 110 International Way Springfield, OR 97477 Chief Executive Officer

Nancy A. Louris 7420 SW Hunziker St., Ste. C Portland, OR 97223 President/Chief Operating Officer

Steve L. Loveland 250 A Street Springfield, OR 97477 Chairman

David Abel, MD 668 Empress Avenue Eugene, OR 97405 Secretary/Treasurer

Paul Chavin, MD 869 Fairway View Drive Eugene, OR 97401

Director

Del Johnson, CLU 975 Oak Street, Suite 200 Eugene, OR 97401 Director

Fletcher Little P. O. Box 10188 3500 Chad Drive Eugene, OR 97440 Director

Indulal Rughani, MD 1200 Hilyard St., Ste. S565 Eugene, OR 97401-8122 Director