## State of Idaho

Office of the Secretary of State

CERTIFICATE OF AUTHORITY

OF

ALTERNATIVE INSURANCE MANAGEMENT SERVICES, INC.

File Number C 131378

I PETE T. CENARRUSA, 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: December 2, 1999



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By Commond Herry &

## APPLICATION FOR CERTIFICATE OF AUTHORITY (Nonprofit) (Instructions on back of application)

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is incorporated under the laws of The State of Colorado  state of incorporation is _3/16/89 and its duration, if other than perpetual, is N/A  the street address of its principal office is _6021 S. Syracuse Way Suite 205  Englewood, CO 80111  The address to which correspondence should be addressed, if different than item 5, is AIMS  c/o Mercy _Medical Center _1512 12th _Ave, _Nampa ID _83686  The street address of its registered office in Idaho is see _above (i rem #6)  and its registered agent in Idaho at that address is _Kären Otter  Does the corporation have members?	ne name of the corporation isA]	ternative Insur	ance Managemant Services
is incorporated under the laws of The _State of Colorado is date of incorporation is	Inc. (A)	MS)	
Englewood, CO 80111  The address to which correspondence should be addressed, if different than item 5, is AIMS	he name which it shall use in Idaho	s same	
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The exceet address of its registered office in Idaho is see above (item #6)			
The etreet address of its registered office in Idaho is see above (item #6)	The address to which corresponden	ce should be addressed, if o	Merent than item 5, is AIMS
The etreet address of its registered office in Idaho ks see above (item #6)  and its registered agent in Idaho at that address is Karen Otter  Does the corporation have members?  Wee No  The names and respective addresses of its directors and officers are.  Name Office Address  Dick Johnson President 6021 S. Syracuse Way, Ste Englewood, CO 80111  Geraldine Hoyler Treasurer Denver, CO 80202  Mitch Melfi Chairman of CHI 345 Neeb Rd Cincinnati, OH 45233	Warrar Mod	ical Center 1512	. 12th Ave, Nampa ID 83686
		office in Idaho is <u>see</u>	above (item #6)
The names and respective addresses of its directors and officers are.  Name  Office  Address  Dick Johnson  President  Englewood, CO 80111  Geraldine Hoyler  John DiCola  Mitch Melfi  Chairman of the Board  Cincinnati, OH 45233	Sile Stied SAGISTO Fr or 1 Section 1	stered agent in Idaho at that	address is Karen Otter
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Name  Dick Johnson  President  Englewood, CO 80111  CH1 1999 Broadway, Ste 260  Denver, CO 80202  Mitch Melfi  Chairman of  Chi 345 Neeb Rd  Cincinnati, OH 45233	Does the corporation have member		
Name  Dick Johnson  President  Englewood, CO 80111  Geraldine Hoyler  John DiCola  Mitch Melfi  Chairman of the Board  Cincinnati, OH 45233	the names and respective address	es of its directors and office	<b>경험</b> 이 기가 있으면 있습니다. 이 기가 있다.
Geraldine Hoyler Treasurer Denver, CO 80202  John DiCola Secretary  Mitch Melfi Chairman of the Board Cincinnati, OH 45233	Name	Office	Address
Geraldine Hoyler Treasurer Denver, CO 80202  John DiCola Secretary  Mitch Melfi Chairman of CHI 345 Neeb Rd the Board Cincinnati, OH 45233	Dick Johnson	President	Englewood, CO 80111
Mitch Melfi Chairman of CHI 345 Neeb Rd the Board Cincinnati, OH 45233			CHI 1999 Broadway, Ste 26 Denver, CO 80202
	t.t.k.a.		
The corporation accepts and shall comply with the provisions of the Constitution and the laws of the State of Idaho.  Secretary of State use only.			
National Secretary of State use only.  Detect: 11/29/59	Deted: 11/29/59		
Outed: 11/29/59  Alternative Insurance Management	Outed: 11/29/59 Alternative Insuran	nce Management	TABLE CONTENSOR OF CHOIC
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Alternative Insurance Management Services, In Corporation name)  By Fig. 12/62/1999 69:66  Its President, Vig. President Secretary or Assistant Secretary  CK: 3191 CT: 123618 BH: 278466	Alternative Insurar Services, In Corporation of the Services, In Corporation of the President Services of the President Se	Gretary or Assistant Secretary	12/62/1999 69:66 CK: 3191 CT: 123618 BH: 278466
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## STATE OF COLORADO

DEPARTMENT OF STATE

## **CERTIFICATE**

I, DONETTA DAVIDSON, SECRETARY OF STATE OF THE STATE OF COLORADO HEREBY CERTIFY THAT

ACCORDING TO THE RECORDS OF THIS OFFICE

ALTERNATIVE INSURANCE MANAGEMENT SERVICES, INC. (COLORADO CORPORATION)

FILE # 19891020994 WAS FILED IN THIS OFFICE ON March 16, 1989 AND HAS COMPLIED WITH THE APPLICABLE PROVISIONS OF THE LAWS OF THE STATE OF COLORADO AND ON THIS DATE IS IN GOOD STANDING AND AUTHORIZED AND COMPETENT TO TRANSACT BUSINESS OR TO CONDUCT ITS AFFAIRS WITHIN THIS STATE.

Dated: July 21, 1999

SECRETARY OF STATE