

State of Idaho

Office of the Secretary of State

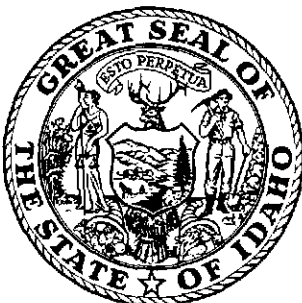
**CERTIFICATE OF REGISTRATION
OF
CALIFORNIA HEALTHCARE INSURANCE COMPANY, INC., A RISK RETENTION
GROUP**

File Number C 215446

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, 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 Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: October 12, 2017



Lawrence Denney
SECRETARY OF STATE

By

John Keel



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

2017 OCT 12 PM 4:30

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: California Healthcare Insurance Company, Inc., A Risk Retention Group
2. The name which it shall use in Idaho is: _____
(Enter a name here, only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:

<input checked="" type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
- ☐ Other: _____
(Use "Other" only if your foreign entity type is not listed above, and enter the type here)
4. Jurisdiction of formation: State of Hawaii
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:
9229 Sierra College Boulevard, Roseville, CA 95661
(Street Address)

(Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:
1001 Bishop Street, Suite 2788, Honolulu, HI 96813
(Street Address)

(Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:

(Address)
8. Name and street address of registered agent in Idaho:
Idaho Registered Agent, LLC 784 S. Clearwater Loop, Ste. R, Post Falls, ID 83854
(Name) (Address)
9. The name, capacity, and mailing address of at least one governor:

<u>Diane Abbott</u>	<u>CEO</u>	<u>9229 Sierra College Blvd., Roseville, CA 95661</u>
(Name)	(Capacity)	(Address)
_____	_____	_____
(Name)	(Capacity)	(Address)

Typed Name: Julie M. Jackson

Signature: _____

Capacity: Chief Operations Officer

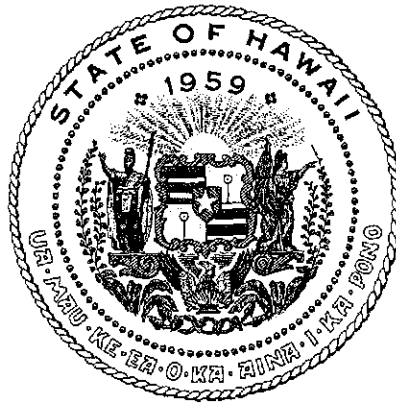
Secretary of State use only

IDAHO SECRETARY OF STATE

10/13/2017 05:00

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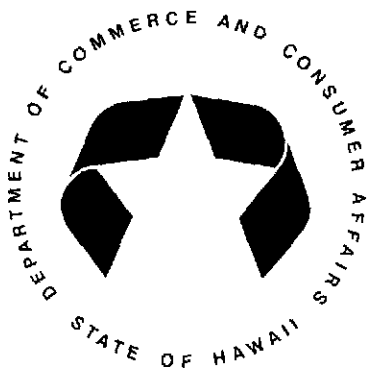
Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

CALIFORNIA HEALTHCARE INSURANCE COMPANY, INC., A RISK RETENTION GROUP

was incorporated under the laws of Hawaii on 12/22/1988 ; and that it is an existing corporation in good standing, and is duly authorized to transact business.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: October 05, 2017

Director of Commerce and Consumer Affairs