## State of Idaho

Office of the Secretary of State

OF
TAS INSURANCE GROUP, INC.

File Number C 185400

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that Application for Certificate of Withdrawal from this State, 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 Withdrawal and attach hereto a duplicate of the Application for such Certificate.

Dated: January 31, 2014



Ben youra

By May Belie



## APPLICATION FOR CERTIFICATE OF WITHDRAWAL

(Instructions on back of application)

2014 JAN 31 AM 8: 49

C(85400)

TL -	ficate of withdrawal from the State of Idaho, and for t		
	The name of the corporation is:		
TAS	TAS Insurance Group, Inc.  The name which it used in Idaho is:		
The			
TAS	S Insurance Group, Inc.		
It is ir	incorporated under the laws of Missouri		
It is n	not transacting business in the State of Idaho.		
It her	It hereby surrenders its authority to transact business in said state.		
It revokes the authority of its registered agent in the State of Idaho to accept service of process and consents that service of process in any action, suit or proceeding based upon any cause of action arising in the State of Idaho during the time it was authorized to transact business therein may thereafter be made on it by registered or certified mail to the corporation at the address listed in item 6., below.			
The p	he post office address to which process against the corporation may be mailed is:		
P.O	D. Box 1540, Lees Summit, MO 64063		
ı ayı	rees to notify the Secretary of State of the State of Id	dano of any change to the address in item 6.	
	Thomas DeOrio	Customer Acct # :  (if using pre-paid account)  Secretary of State use only  15 00 00 00 00 00 00 00 00 00 00 00 00 00	
pacity <sub>-</sub>	President	1 0 20.00 FOR WITHOR	