

# State of Idaho

Office of the Secretary of State

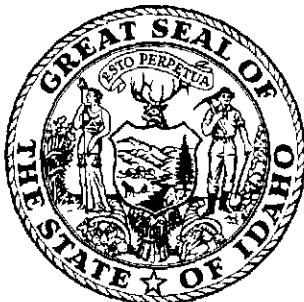
**CERTIFICATE OF REGISTRATION  
OF  
TRUE BLUE LIFE INSURANCE, INC**

File Number C 206634

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: July 27, 2015



*Lawrence Denney*  
SECRETARY OF STATE

By *Beatty*



# FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00.

Complete and submit the form in duplicate.

**FILED EFFECTIVE**

2015 JUL 27 AM 9:54

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the entity is: True Blue Life Insurance, Inc

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:  
 Business Corporation                       General Partnership  
 Nonprofit Corporation                       General Cooperative Association  
 Limited Liability Partnership                       Limited Partnership (Including a limited liability limited partnership)  
 Limited Liability Company                       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: Arizona  
(Provide the domestic jurisdiction where the entity was formed)

5. The address of its principal office is:  
8900 E Pinnacle Peak Rd Suite E4                      Scottsdale                      AZ                      85255  
(Street Address)                      (City)                      (State)                      (Zipcode)  
(Mailing Address, if different)                      (City)                      (State)                      (Zipcode)

6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:  
\_\_\_\_\_  
(Street Address)                      (City)                      (State)                      (Zipcode)  
(Mailing Address, if different)                      (City)                      (State)                      (Zipcode)

7. The mailing address to which correspondence should be addressed, if different from item 5, is:  
\_\_\_\_\_  
(Address)                      (City)                      (State)                      (Zipcode)

8. Name and street address of registered agent in Idaho:  
Idaho Department of Insurance Director Dean L. Cameron                      700 W State Fl 3                      Boise                      ID 83702  
(Name)                      (Address)                      (City)                      (State)                      (Zipcode)

9. The name, capacity, and mailing address of at least one governor:  
Brian Greenberg                      CEO                      8900 E Pinnacle Peak Rd Suite E4                      Scottsdale                      AZ 85255  
(Name)                      (Capacity)                      (Address)                      (City)                      (State)                      (Zipcode)  
\_\_\_\_\_  
(Name)                      (Capacity)                      (Address)                      (City)                      (State)                      (Zipcode)

Typed Name: Brian Greenberg  
Signature: Brian Greenberg  
Capacity: CEO

Secretary of State use only

IDAHO SECRETARY OF STATE  
**07/27/2015 05:00**  
CK:1002 CT:312760 BH:1485360  
1@ 100.00 = 100.00 FOR REG ST #2  
1@ 20.00 = 20.00 EXPEDITE C #3

C 201634

# STATE OF ARIZONA



Office of the  
**CORPORATION COMMISSION**

**CERTIFICATE OF GOOD STANDING**

To all to whom these presents shall come, greeting:

I, Jodi A. Jerich, Executive Director of the Arizona Corporation Commission, do hereby certify that

**\*\*\*TRUE BLUE LIFE INSURANCE, INC\*\*\***

a domestic corporation organized under the laws of the State of Arizona, did incorporate on July 17 2003.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said corporation is not administratively dissolved for failure to comply with the provisions of the Arizona Business Corporation Act; and that its most recent Annual Report, subject to the provisions of A.R.S. sections 10-122, 10-123, 10-125 & 10-1622, has been delivered to the Arizona Corporation Commission for filing; and that the said corporation has not filed Articles of Dissolution as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 22nd day of July, 2015, A. D.



  
\_\_\_\_\_  
Jodi A. Jerich, Executive Director

By: \_\_\_\_\_ 1267081