## State of Idaho

Office of the Secretary of State

#### AMENDED CERTIFICATE OF REGISTRATION

OF

#### INSPHERE INSURANCE SOLUTIONS, INC.

File Number C 183655

I, LAWERENCE DENNEY, Secretary of the State, hereby certify that an Application for Amended Foreign Registration 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 Amended Certificate of Foreign Registration to reflect the name change from INSPHERE INSURANCE SOLUTIONS, INC. to **HEALTHMARKETS INSURANCE AGENCY, INC.** and attach hereto a duplicate of the application for such amended certificate.

Dated: June 19, 2017

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SECRETARY OF STATE

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### **AMENDMENT OF FOREIGN REGISTRATION STATEMENT**

Title 30, Chapter 21, Idaho Code Filing fee: \$30 typed, \$50 not typed

Complete and submit the application in duplicate.

2017 JUN 19 PM 2: 57

SECRETARY OF STATE

Business Corporation			•		STATE OF IDAHO	
a. If the new name is not available or permissible in Idaho, the name to be used in Idaho is:	1. Entity name: Insphere Insurance	e Solutions, Inc.		_		
Business Corporation	2. The entity name is amended to:	HealthMarkets In	nsurance Agenc	y, Inc.	· · · · · · · · · · · · · · · · · · ·	
Business Corporation	a. If the new name is not availa	ble or permissible	e in Idaho, the n	ame to	) be used in Idaho is:	
Nonprofit Corporation   General Cooperative Association   Limited Liability Partnership   Limited Partnership   Limited Partnership   Imited Liability Company   Statutory Trust, Business Trust, or Common-law Business Trust     Other:	<ol><li>The entity type is amended to:</li></ol>					
Nonprofit Corporation	☐ Rusiness Cornoration	□ Genera	l Partnershin			
Limited Liability Partnership   Limited Partnership (Including a limited liability limited partnership   Limited Liability Company   Statutory Trust, Business Trust, or Common-law Business Trust     Other:	·	·				
Limited Liability Company	·					
(Provide unlisted foreign entity type here)  4. The entity's jurisdiction is amended to:  5. The street and mailing address(es) of its principal office is amended to:  (Street Address)  (Mailing Address, if different)  5. The name, capacity, and mailing address of the governor(s) is amended to:  (Name)  (Capacity)  (Address)	•					
(Provide unlisted foreign entity type here)  4. The entity's jurisdiction is amended to:  5. The street and mailing address(es) of its principal office is amended to:  (Street Address)  (Mailing Address, if different)  5. The name, capacity, and mailing address of the governor(s) is amended to:  (Name) (Capacity) (Address)  (Name) (Capacity) (Address)	C Othor				•	
(Street Address)  (Mailing Address, if different)  The name, capacity, and mailing address of the governor(s) is amended to:  (Name)  (Capacity)  (Address)	Li Outer:	(Pro	vide unlisted foreign	entity b	ype here)	
(Name) (Capacity) (Address)	(Street Address)  (Mailing Address, if different)  The name, capacity, and mailing	g address of the g	governor(s) is ar			
Power C. Simone	(Name)	(Capacity)	(Address)		•	
Typed Name: Peggy G. Simpson  Signature: Algay A. Luna  Signature: Triangle Control of the contr	(Name)	(Capacity)	(Address)			
Signature: 1994 / Lung   9 06/19/2017 05:00	Typed Name: Peggy G. Simpson			e only	IDAHO SECRETARY OF STATE	
16 30.00 = 30.00 AMD FOR RE #2  Capacity: Corporate Secretary  16 20.00 = 20.00 EXPEDITE C #3	Signature: <u>Xlggy</u> / J.	Simpi		stary of State use only		

Rev. 08/2015

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# Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "INSPHERE INSURANCE

SOLUTIONS, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS

NAME TO "HEALTHMARKETS INSURANCE AGENCY, INC." ON THE TWELFTH

DAY OF JUNE, A.D. 2017, AT 1:16 O'CLOCK P.M.

4693509 8320

SR# 20174816662

Authentication: 202731097

Date: 06-19-17