

State of Idaho

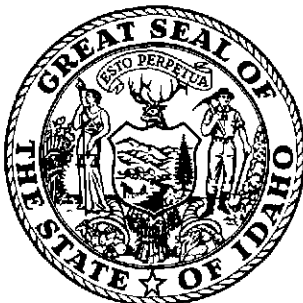
Office of the Secretary of State

**AMENDED CERTIFICATE OF REGISTRATION
OF
GUARANTY CALIFORNIA INSURANCE SERVICES, INC.
File Number C 188107**

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 GUARANTY CALIFORNIA INSURANCE SERVICES, INC. to **INSURICA CA INSURANCE SERVICES, INC.** and attach hereto a duplicate of the application for such amended certificate.

Dated: February 27, 2017



Lawrence Denney
SECRETARY OF STATE

By *John De*



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 FEB 27 AM 9:10
SECRETARY OF STATE
STATE OF IDAHO

1. Entity name: Guaranty California Insurance Services, Inc.

2. The entity name is amended to: INSURICA CA INSURANCE SERVICES, INC.

a. If the new name is not available or permissible in Idaho, the name to be used in Idaho is:

3. The entity type is amended to:

- | | |
|--|--|
| <input 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 |
| <input type="checkbox"/> Other: _____
(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)

6. The name, capacity, and mailing address of the governor(s) is amended to:

(Name) (Capacity) (Address)

(Name) (Capacity) (Address)

Typed Name: Michael F. Ross

Signature: _____

Capacity: President

Secretary of State use only

IDAHO SECRETARY OF STATE

02/27/2017 05:00

CK:51832 CT:305924 BH:1570915
10 30.00 = 30.00 AMD FOR RE #2

C188107

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

INSURICA CA INSURANCE SERVICES, INC.

FILE NUMBER: C2356130
FORMATION DATE: 08/27/2001
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of February 15, 2017.

ALEX PADILLA
Secretary of State