

State of Idaho

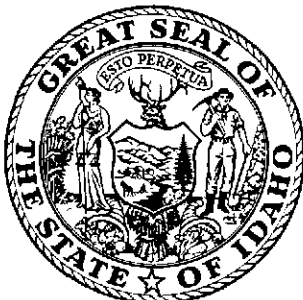
Office of the Secretary of State

AMENDED CERTIFICATE OF REGISTRATION
OF
ARROWHEAD SPECIALTY UNDERWRITING, LLC
File Number W 135626

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 ARROWHEAD SPECIALTY UNDERWRITING, LLC to **ARROWHEAD INSURANCE RISK MANAGERS, LLC** and attach hereto a duplicate of the application for such amended certificate.

Dated: February 25, 2016



Lawrence Denney
SECRETARY OF STATE

By *Cynthia*



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.

FILED EFFECTIVE

2016 FEB 25 PM 2:14

SECRETARY OF STATE
STATE OF IDAHO

1. Entity name: ARROWHEAD SPECIALTY UNDERWRITING, LLC

2. The entity name is amended to: ARROWHEAD INSURANCE RISK MANAGERS, LLC

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 |

☐ 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: Robert W. Lloyd

Signature:

Capacity: VP & Secretary

Secretary of State use only

IDAHO SECRETARY OF STATE

02/25/2016 05:00

CK: PREPAID CT: 278665 BH: 1515362

1@ 30.00 = 30.00 AMD FOR RE #2

1@ 20.00 = 20.00 EXPEDITE C #3

W135626

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that:

Effective October 10, 2015, ARROWHEAD SPECIALTY UNDERWRITING, LLC, a Domestic Limited Liability Company, filed Certificate of Amendment changing its name to ARROWHEAD INSURANCE RISK MANAGERS, LLC.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.



Docket Number : 12243984
Print Date : 12/23/2015
Form Number : 218



B. P. Kemp

Brian P. Kemp
Secretary of State