

State of Idaho

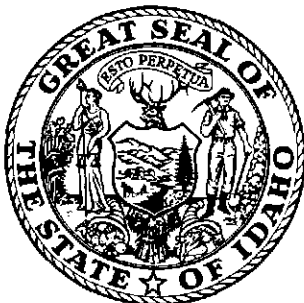
Office of the Secretary of State

**AMENDED CERTIFICATE OF REGISTRATION
OF
NEWMARKETS INSURANCE AGENCY, INC.
File Number C 137025**

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 NEWMARKETS INSURANCE AGENCY, INC. to **CHUBB INSURANCE SOLUTIONS AGENCY INC.** and attach hereto a duplicate of the application for such amended certificate.

Dated: April 13, 2017



Lawrence Denney
SECRETARY OF STATE

By *Mary DeWine*



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.

RECEIVED
MAR 17 2017
2017 APR 13 AM 8:33
SECRETARY OF STATE
STATE OF IDAHO

1. Entity name: NewMarkets Insurance Agency, Inc.

2. The entity name is amended to: Chubb Insurance Solutions Agency 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: Paul N. Morrisette

Signature:

Capacity: President

Secretary of State use only

IDAHO SECRETARY OF STATE
04/13/2017 05:00
CK:11276 CT:188999 BH:1578939
1@ 30.00 = 30.00 AMD FOR RE #2

C137025

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHUBB INSURANCE SOLUTIONS AGENCY INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



3064699 8300

SR# 20172345696

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202341231

Date: 04-07-17