

State of Idaho

Office of the Secretary of State

AMENDED CERTIFICATE OF REGISTRATION

OF

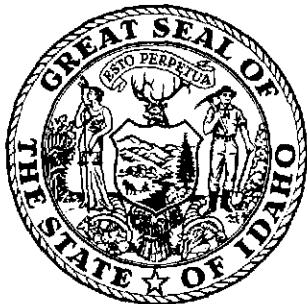
MAPLE POINT INSURANCE SOLUTIONS LLC

File Number W 157749

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 **MAPLE POINT INSURANCE SOLUTIONS LLC** to **VALE INSURANCE PARTNERS LLC** and attach hereto a duplicate of the application for such amended certificate.

Dated: May 16, 2016



Lawrence Denney
SECRETARY OF STATE
By *Paula Stotterden*



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.

2016 MAY 16 PM 3:07

SECRETARY OF STATE
STATE OF IDAHO

1. Entity name: Maple Point Insurance Solutions LLC

2. The entity name is amended to: VALE Insurance Partners 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: Sunil Jain

Signature:

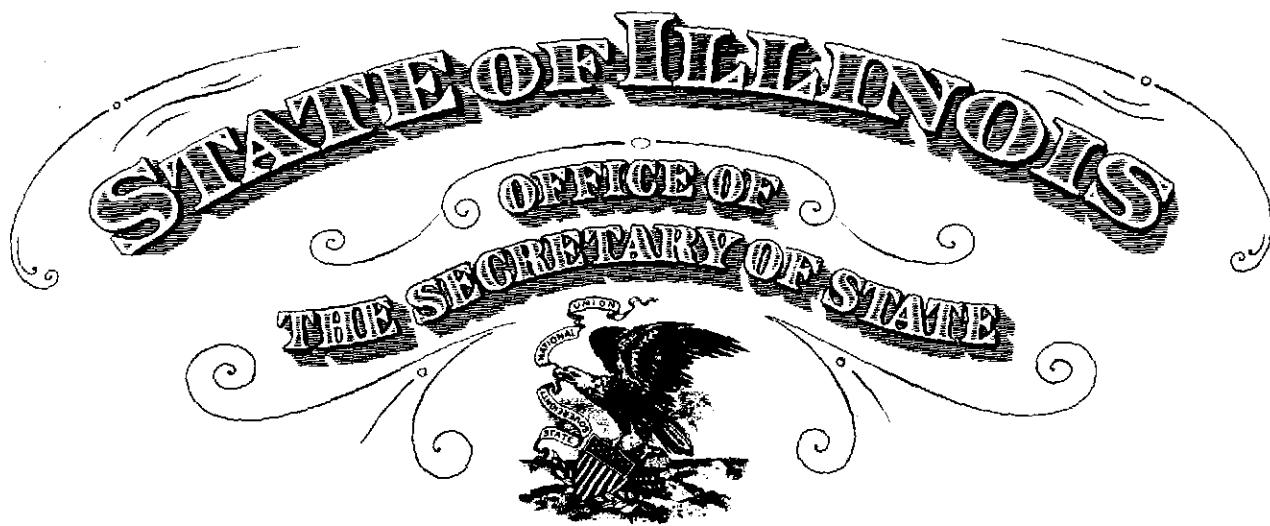
Capacity: Senior Vice President

Secretary of State use only

IDAHO SECRETARY OF STATE
05/16/2016 05:00
CX:1100 CT:316064 BH:1526730
1@ 30.00 = 30.00 AND FOR RE #2

File Number

0490646-2

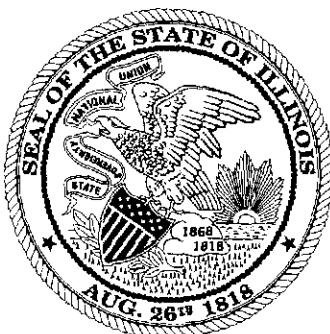


To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

VALE INSURANCE PARTNERS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 11, 2014, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 16TH day of MAY A.D. 2016.



Authentication #: 1613702540 verifiable until 05/16/2017

Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White
SECRETARY OF STATE