



AMENDMENT OF FOREIGN REGISTRATION STATE-FILED-NT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$30.00 + \$20.00 for manual processing (form must be typed).

For Office Use Only

File #: 0003594810

Date Filed: 8/13/2019 11:44:00 AM

1. Entity name: McGowan Insurance Group, Inc.

2. The entity name is amended to: McGowan Insurance Group, 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 checked="" 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)

Secretary of State use only

Typed Name: Hugh M McGowan

Signature: _____

Capacity: Manager

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

MCGOWAN INSURANCE GROUP, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on November 25, 1970, and was in existence or authorized to transact business in the State of Indiana on August 09, 2019.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 09, 2019

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

197011-379 / 20191058676

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on September 08, 2019.