

# State of Idaho

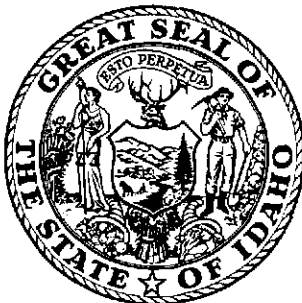
Office of the Secretary of State

AMENDED CERTIFICATE OF REGISTRATION  
OF  
FIRST NIAGARA RISK MANAGEMENT, INC.  
File Number C 161670

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 FIRST NIAGARA RISK MANAGEMENT, INC. to **KEY INSURANCE & BENEFITS SERVICES, INC.** and attach hereto a duplicate of the application for such amended certificate.

Dated: January 9, 2017



*Lawrence Denney*  
SECRETARY OF STATE

By *John G. [Signature]*



# 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 JAN -9 PM 2:12

SECRETARY OF STATE  
STATE OF IDAHO

1. Entity name: First Niagara Risk Management, Inc.

2. The entity name is amended to: Key Insurance & Benefits 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           |

☐ 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: Kirk Jensen

Signature: \_\_\_\_\_

Capacity: President

Secretary of State use only

IDAHO SECRETARY OF STATE

01/09/2017 05:00

CK:25359 CT:170214 BH:1563063  
1@ 30.00 = 30.00 AMD FOR RE #2

C161670

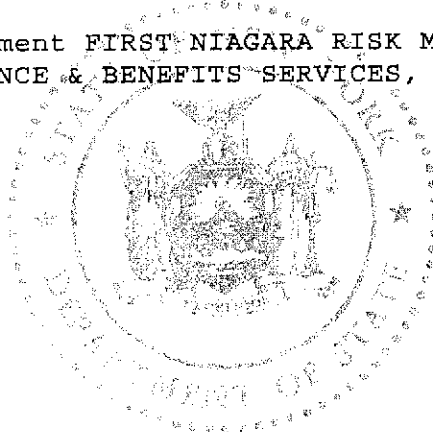
**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of KEY INSURANCE & BENEFITS SERVICES, INC. was filed on 02/02/1968, under the name of HOLLIS BOSS AGENCY, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment HOLLIS BOSS AGENCY, INC., changing its name to WARREN-HOFFMAN & ASSOCIATES, INC., was filed 01/08/1999.

A Certificate of Amendment WARREN-HOFFMAN & ASSOCIATES, INC., changing its name to FIRST NIAGARA RISK MANAGEMENT, INC., was filed 11/06/2002.

A Certificate of Amendment FIRST NIAGARA RISK MANAGEMENT, INC., changing its name to KEY INSURANCE & BENEFITS SERVICES, INC., was filed 11/03/2016.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 21st day of December two  
thousand and sixteen.*

A handwritten signature in black ink, appearing to read "B. Fitzgerald", with a long horizontal flourish extending to the right.

Brendan W. Fitzgerald  
Executive Deputy Secretary of State