

# State of Idaho

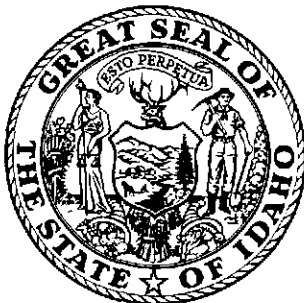
Office of the Secretary of State

**AMENDED CERTIFICATE OF REGISTRATION  
OF  
HEALTHPLAN SERVICES INSURANCE AGENCY, INC.  
File Number C198249**

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 HEALTHPLAN SERVICES INSURANCE AGENCY, INC. to **HEALTHPLAN SERVICES INSURANCE AGENCY, LLC (W202920)** and attach hereto a duplicate of the application for such amended certificate.

Dated: May 31, 2018



*Lawrence Denney*  
SECRETARY OF STATE

By \_\_\_\_\_

*[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.

2018 MAY 31 PM 3:01

SECRETARY OF STATE  
STATE OF IDAHO

1. Entity name: HealthPlan Services Insurance Agency, Inc.

2. The entity name is amended to: HealthPlan Services Insurance Agency, 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           |

☐ 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: Jeffery W. Bak

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

Capacity: President & CEO

Secretary of State use only

IDAHO SECRETARY OF STATE

05/31/2018 05:00

CK: PREPAID CT: 1157 BH: 1646543  
1@ 30.00 = 30.00 AMD FOR RE #2  
1@ 20.00 = 20.00 EXPEDITE C #3

C198249

# *State of Florida*

## *Department of State*

I certify from the records of this office that HEALTHPLAN SERVICES INSURANCE AGENCY, LLC is a limited liability company organized under the laws of the State of Florida, filed on March 27, 2018, effective December 7, 2012.

The document number of this limited liability company is L18000079235.

I further certify that said limited liability company has paid all fees due this office through December 31, 2018 and that its status is active.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Fifteenth day of May, 2018*



*Ken Detmer*  
**Secretary of State**

Tracking Number: CU3193941148

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>