CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.
NOTE: See instructions on reverse before filing.

FILED EFFECTIVE
05 DEC 29 PM 12:29
SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

   Acordia Somerton Student Insurance Services

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
Acordia of California Insurance Services, Inc. C164101	45 Fremont Street, Suite 800 San Francisco, CA 94105

3. The general type of business transacted under the assumed business name is:

- ☐ Retail Trade
- ☐ Wholesale Trade
- ☑ Services
- ☐ Manufacturing
- ☐ Finance, Insurance, and Real Estate
- ☐ Transportation and Public Utilities
- ☐ Construction
- ☐ Agriculture
- ☐ Mining

Submit Certificate of Assumed Business Name and **$25.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

   Acordia of California Ins. Svcs, Inc
   45 Fremont Street, Suite 800
   San Francisco, CA 94105

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional): _____

Signature: Robert M. Greco
(signature required)

Printed Name: Robert M. Greco

Capacity/Title: Secretary

(see instruction # 8 on back of form)

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Revised 04/2003

Secretary of State use only

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IDAHO SECRETARY OF STATE
12/29/2005 05:00
CK: 6362894 CT: 174438 BH: 929152
1 @ 25.00 = 25.00 ASSUM NAME # 2