

# State of Idaho

Office of the Secretary of State

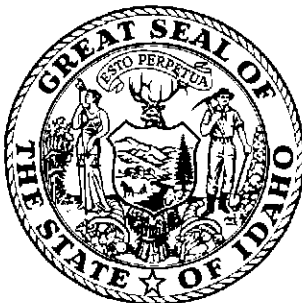
**CERTIFICATE OF REGISTRATION  
OF  
INSMED INSURANCE AGENCY, INC.**

File Number C 207268

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, 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 Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: September 23, 2015



*Lawrence Denney*  
SECRETARY OF STATE

By

*Shirley Denney*



# FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00.

Complete and submit the form in duplicate.

2015 SEP 23 AM 9:27

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the entity is: Insmmed Insurance Agency, Inc.
2. The name which it shall use in Idaho is: \_\_\_\_\_  
(Enter a name here, only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:
 

<input checked="" 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: \_\_\_\_\_  
(Use "Other" only if your foreign entity type is not listed above, and enter the type here.)
4. Jurisdiction of formation: New York  
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:
 

<u>111 Brook St 3rd Floor</u>	<u>Scarsdale</u>	<u>NY</u>	<u>10583</u>
(Street Address)	(City)	(State)	(Zipcode)
(Mailing Address, if different)	(City)	(State)	(Zipcode)
6. The address of its domestic principal office (If required by the laws of the jurisdiction of formation) is:
 

<u>same as above #5</u>			
(Street Address)	(City)	(State)	(Zipcode)
(Mailing Address, if different)	(City)	(State)	(Zipcode)
7. The mailing address to which correspondence should be addressed, if different from Item 5, is:
 

(Address)	(City)	(State)	(Zipcode)
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8. Name and street address of registered agent in Idaho:
 

<u>Dean L. Cameron</u>	<u>700 W State Fl 3</u>	<u>Boise</u>	<u>ID 83702</u>
(Name)	(Address)	(City)	(State) (Zipcode)
9. The name, capacity, and mailing address of at least one governor:
 

<u>David Blake</u>	<u>President</u>	<u>111 Brook St 3rd Floor</u>	<u>Scarsdale</u>	<u>NY</u>	<u>10583</u>
(Name)	(Capacity)	(Address)	(City)	(State)	(Zipcode)
(Name)	(Capacity)	(Address)	(City)	(State)	(Zipcode)

Typed Name: David Blake

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

Capacity: President

Secretary of State use only

IDAHO SECRETARY OF STATE

09/23/2015 05:00

CK: 3223506 CT: 172099 BH: 1493400  
1@ 100.00 = 100.00 FOR REG ST #2

*C207268*

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

*I hereby certify, that the Certificate of Incorporation of INSMED INSURANCE AGENCY, INC. was filed on 06/24/1993, 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.*



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*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 26th day of August  
two thousand and fifteen.*

*Anthony Giardina*

Anthony Giardina  
Executive Deputy Secretary of State