State of Idaho

Department of State

AMENDED CERTIFICATE OF AUTHORITY
OF

AON REINSURANCE AGENCY INC. File Number C 103332

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of AON REINSURANCE AGENCY INC. for an Amended Certificate of Authority to transact business in this State, duly signed and verified pursuant to the provisions of the Idaho Business Corporation Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Amended Certificate of Authority to AON RE INC. to transact business in this State under the name AON RE INC. and attach hereto a duplicate original of the Application for such Amended Certificate.

Dated: September 23, 1994

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SECRETARY OF STATE

By Jelly J Clark

APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY SEP 23 10 50 AM '94 To the Secretary of State of the State of Idaho: Pursuant to Section 30-1-118, Idaho Code, the undersigned Corporation hereby applies for an amended certificate of authority to transact business in the State of Idaho and for that purpose submits the following statement. 1. A Certificate of Authority was issued to the corporation by your office on ___September_13, 19 $\underline{93}$, authorizing it to transact business in the State of Idaho under the name of $\underline{}$ Aon Reinsurance Agency Inc. Its corporate name has been changed to ____ (Note: If the corporation name has not been changed, insert "No change.") The name which it shall use hereafter in the State of Idaho is __Aon_Re_Inc. 4. It desires to pursue in the transaction of business in the State of Idaho purposes other than or in addition to those set forth in its prior application for certificate of authority, as follows: $\frac{N/A}{}$ (Note: If no additional purposes are proposed, insert "No change.") Dated <u>April 20</u> . 1994 Aon Re Inc. (Corporation Name) s President (please specify) Jerome S. Hänner Its Secretary Assimant Secretary (please specify) Arlene Jeschke STATE OF __Illinois COUNTY OF Cook ______ , a notary public, do hereby certify that on ____ , 19 <u>94 ____</u> , personally appeared before ese level who being by me first duly sworn, declared that Aon Re Inc. signed the foregoing documents as Vice President and Service of the corporation and that the statements therein contained are true. Secretary of State use only IDANO SECRETARY OF STATE application and filing fee to: 19940923 0900 30457 6 CK 1: 56259 CUST# 21069 Office of the Secretary of State CORP **Division of Corporations 3**0.00≕ **3**0.00 10 Statehouse, Room 203 Boise, Idaho 83720

#: C

Fee: \$30.00

File Number 5520-338-5



To all to whom these presents Shall Come, Greeting:

I, George H. Ryan, Secretary of State of the State of Illinois,

do hereby certify that ARTICLES OF AMENDMENT TO THE ARTICLES OF

INCORPORATION WERE FILED IN THIS OFFICE JANUARY 11, 1994 CHANGING NAME FROM AON REINSURANCE AGENCY, INC. TO AON RE INC.* EXP FEE

COPY CER.



In Ces	timony Mherec	If, I hereto set
	nd cause to be affixed	
the State of .	Illinois this	20TH
day of	SEPTEMBER .	A.D., 19 <u>94</u>