

State of Idaho

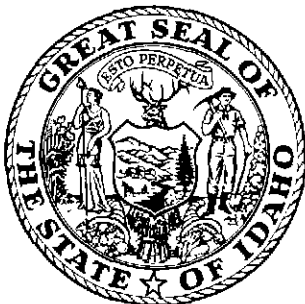
Office of the Secretary of State

**AMENDED CERTIFICATE OF REGISTRATION
OF
GREEN TREE INSURANCE AGENCY, INC.
File Number C 103684**

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 GREEN TREE INSURANCE AGENCY, INC. to **ASSURANT INSURANCE AGENCY, INC.** and attach hereto a duplicate of the application for such amended certificate.

Dated: July 3, 2017



Lawrence Denney
SECRETARY OF STATE
By *Donna Henderson*



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 JUL -3 PM 2:43

SECRETARY OF STATE
STATE OF IDAHO

1. Entity name: Green Tree Insurance Agency, Inc.

2. The entity name is amended to: Assurant Insurance Agency, 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 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: _____
(Provide omitted 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: Katharine A. McDonald

Signature:

Capacity: Sr. Vice President

Secretary of State use only

IDAHO SECRETARY OF STATE

07/03/2017 05:00

CK:PREPAID CT:1157 BH:1591955
1@ 30.00 = 30.00 AMD FOR RE #2

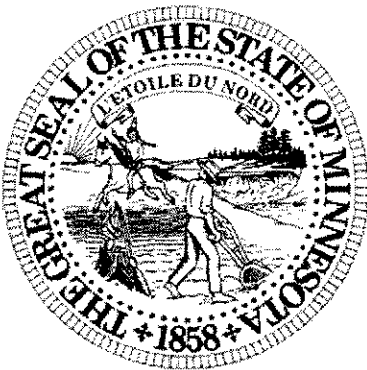
C103684

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Assurant Insurance Agency, Inc.
Date Filed:	10/01/1975
File Number:	2R-73
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 06/08/2017



Steve Simon

Steve Simon
Secretary of State
State of Minnesota