F09000002575

(Requestor's Name)	
(Address)	
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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COVER LETTER

COVE	CR LETTER
TO: Amendment Section Division of Corporations	of Corporation
Insphere Insurance Solutions, Inc.	
SUBJECT: Name	of Corporation
DOCUMENT NUMBER: F09000002575	a a
The enclosed Amendment and fee are subm	itted for filing.
Please return all correspondence concerning	this matter to the following:
Geneva Reimer, Paralegal	
Name of Contact Person	
Polsinelli PC	
Firm/Company	
6201 College Blvd., Suite 500	
Address	·
Overland Park, KS 66211	
City/State and Zip Code	
greimer@polsinelli.com	
E-mail address: (to be used for future annu	ial report notification)
For further information concerning this mat	ter, please call:
Geneva Reimer, Paralegal	913 234-7518
Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	nt:
\$35.00 Filing Fee Saturday Sat	
Mailing Address:	Street Address:
Amendment Section	Amendment Section Division of Corporations
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, Fl. 32301

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION 1 (1-3 MUST BE COMPLETED)

F09000002575 (Document number of corporation (if known) Insphere Insurance Solutions, Inc. (Name of corporation as it appears on the records of the Department of State) Delaware (Date authorized to do business in Florida) (incorporated under laws of) SECTION II (4-7 COMPLETE ONLY THE APPLICABLE CHANGES) 4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 06/12/2017 HealthMarkets Insurance Agency, Inc. (Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation) (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 6. If the amendment changes the period of duration, indicate new period of duration. (New duration) 7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction. (New jurisdiction) 8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Fa director, president or other officer - if in the hands r or other court appointed fiduciary, by that fiduciary)

Corporate Secretary

(Title of person signing)

FL021 - 8 5 2015 Wolters Klower Online

Peggy G. Simpson

(Typed or printed name of person signing)

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I

,	1-5 stort in Court in the)
F09000002575	
(Docum	nent number of corporation (if known)
Insphere Insurance Solutions, Inc	
(Name of corporation a	s it appears on the records of the Department of State)
Delaware	3 06/26/2009
(Incorporated under laws of)	3. 06/26/2009 (Date authorized to do business in Florida)
(4-7 COMPLE	SECTION II ETE ONLY THE APPLICABLE CHANGES)
. If the amendment changes the name of the	corporation, when was the change effected under the laws of
its jurisdiction of incorporation? 06/12/2017	7
HealthMarkets Insurance Agency, Inc.	
(Name of corporation after the amendment appropriate abbreviation, if not contained	, adding suffix "corporation," "company," or "incorporated." or in new name of the corporation)
(If new name is unavailable in Florida, ente business in Florida)	r alternate corporate name adopted for the purpose of transacting
5. If the amendment changes the period of dua	ration, indicate new period of duration.
	(New duration)
7. If the amendment changes the jurisdiction of	of incorporation, indicate new jurisdiction.
	(New jurisdiction)
R. Attached is a certificate or document of sin 90 days prior to delivery of the application having custody of corporate records in the	nilar import, evidencing the amendment, authenticated not more than to the Department of State, by the Secretary of State or other official jurisdiction under the laws of which it is incorporated.
(Signford In a d	firector, president or other officer - it in the hands other court appointed fiduciary, by that tiduciary)
Peggy G. Simpson	Corporate Secretary
(Typed or printed name of person signif	ng) (Title of person signing)

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "INSPHERE INSURANCE SOLUTIONS, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "HEALTHMARKETS INSURANCE AGENCY, INC." ON THE TWELFTH DAY OF JUNE, A.D. 2017, AT 1:16 O'CLOCK P.M.

Authentication: 202731097

Date: 06-19-17



6201 College Boulevard, Suite 500, Overland Park, KS 66211-2435 + 913 451 8788

June 19, 2017

Geneva Reimer (913) 234-7518 (913) 451-6205 tax greimer@potsinelli.com

Via Overnight Delivery

Amendment Section Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

> Re: Insphere Insurance Solutions, Inc.

> > Application to File Amendment to Application of Authorization

Dear Secretary.

Enclosed for filing please find the following:

- Original and one copy of the Application by Foreign Corporation to file 1. Amendment to Application for Authorization to Transact Business in Florida and Cover Letter.
 - 2. Certificate of Fact from the State of Delaware.
 - 3. Check in the amount of \$43.75 for the filing fee and Certified Copy.

Please file the same and return the filed evidence, along with the Certified Copy, by overnight mail using the Federal Express account number, 120641514, to the attention of Geneva Reimer, Paralegal, Polsinelli PC, 6201 College Blvd., Suite 500, Overland Park, KS 66211.

Thank you in advance for your assistance in this matter. Should you have any questions, comments, or require anything more, please contact me at 913-234-7518.

Senera Reman

Geneva Reimer

Paralegal.

Enclosures