

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A DELAWARE CORPORATION UNDER THE NAME OF "TRUIST INSURANCE HOLDINGS, INC." TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "TRUIST INSURANCE HOLDINGS, INC." TO "TRUIST INSURANCE HOLDINGS, LLC", FILED IN THIS OFFICE ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2023, AT 6:03 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF CONVERSION IS THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2023 AT 11:55 O'CLOCK P.M.



Authentication: 202797916 Date: 02-27-23

3327864 8100V SR# 20230744794

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware Secretary of State Division of Corporations Delivered 06:03 PM 02/27/2023 FILED 06:03 PM 02/27/2023 SR 20230744794 - File Number 3327864

STATE OF DELAWARE CERTIFICATE OF CONVERSION FROM A CORPORATION TO A LIMITED LIABILITY COMPANY PURSUANT TO SECTION 18-214 OF THE LIMITED LIABILITY ACT

1.) The jurisdiction where the Corporation first formed is Delaware

2.) The jurisdiction immediately prior to filing this Certificate is Delaware

3.) The date the corporation first formed is December 11, 2000

- 4.) The name of the Corporation immediately prior to filing this Certificate is Truist Insurance Holdings, Inc.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is Truist Insurance Holdings, LLC
- 6.) The effective date and time of the conversion is February 27, 2023 at 11:55 p.m.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 27th day of February , A.D. 2023

Bv Authorized Person

Name: Tammy Stringer Print or Type

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "TRUIST INSURANCE HOLDINGS, LLC" FILED IN THIS OFFICE ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2023, AT 6:03 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF FORMATION IS THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2023 AT 11:55 O'CLOCK P.M.



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STATE OF DELAWARE CERTIFICATE OF FORMATION OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is Truist Insurance Holdings, LLC

2. The Registered Office of the limited liability company in the State of Delaware is located at 251 Little Falls Drive (street), in the City of Wilmington , Zip Code 19808 . The name of the Registered Agent at such address upon whom process against this limited liability company may be served is Corporation Service Company

3. The effective date and time of this filing is February 27, 2023 at 11:55 p.m.

By:

Name: Tammy Stringer

Print or Type

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