Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Statement of Change of Principal Office Address

Pursuant to the provisions of KRS chapters 271B, 273, 275, or 362, the undersigned hereby applies to change the principal office on behalf of

SIGNATOR INSURANCE AGENCY, INC.

which is organized in the state of Massachusetts, and for that purpose submits the following statements:

| 1. Address of current principal office | 2. Principal office is hereby changed to: |
|--|---|
| 197 CLARENDON ST C8-8 | 200 Berkeley Street |
| BOSTON, MA 02116 | BOSTON, MA 02117 |
| | |
| | |
| | |
| 3. Signature of officer or chairman of the board | |
| Brian Tucker, Assistant Secretary | |
| Signature and Title | |
| | |
| Type or print name and title | C D 2 3 2 |
| 6/20/2017 9:10 AM | WE |
| Date | |
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