

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM838397

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
OneBeacon Insurance Group LLC		02/06/2020	Limited Liability Company: DELAWARE
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Intact Insurance Group USA LLC		
<b>Street Address:</b>	605 North Highway 169		
<b>Internal Address:</b>	Suite 800		
<b>City:</b>	Plymouth		
<b>State/Country:</b>	MINNESOTA		
<b>Postal Code:</b>	55441		
<b>Entity Type:</b>	Limited Liability Company: DELAWARE		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	5309645	NATIONAL MARINE UNDERWRITERS	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>			
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
<b>Phone:</b>	303-473-2712		
<b>Email:</b>	docket@hollandhart.com		
<b>Correspondent Name:</b>	Amanda N. Marston		
<b>Address Line 1:</b>	P.O. Box 8749		
<b>Address Line 2:</b>	Attention: Trademark Docketing		
<b>Address Line 4:</b>	Denver, COLORADO 80201		
<b>ATTORNEY DOCKET NUMBER:</b>	109579.0023		
<b>NAME OF SUBMITTER:</b>	Amanda N. Marston		
<b>SIGNATURE:</b>	/Amanda N. Marston/		
<b>DATE SIGNED:</b>	09/11/2023		
<b>Total Attachments: 2</b>			
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source=Change of Name from OneBeacon Insurance Group LLC to Intact Insurance Group USA LLC#page2.tif			

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "ONEBEACON INSURANCE GROUP LLC", CHANGING ITS NAME FROM "ONEBEACON INSURANCE GROUP LLC" TO "INTACT INSURANCE GROUP USA LLC", FILED IN THIS OFFICE ON THE SIXTH DAY OF FEBRUARY, A.D. 2020, AT 4:10 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE EIGHTEENTH DAY OF FEBRUARY, A.D. 2020.



  
Jeffrey W. Bullock, Secretary of State

3461266 8100  
SR# 20200877480

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202344715  
Date: 02-07-20

**TRADEMARK**  
**REEL: 008194 FRAME: 0298**

STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT  
TO THE CERTIFICATE OF FORMATION  
OF  
ONEBEACON INSURANCE GROUP LLC

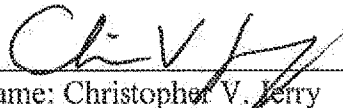
This Certificate of Amendment to the Certificate of Formation of OneBeacon Insurance Group LLC is being duly executed and filed by the undersigned person pursuant to the Delaware Limited Liability Company Act.

1. The name of the limited liability company is OneBeacon Insurance Group LLC.
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

"1. The name of the limited liability company is Intact Insurance Group USA LLC."

3. The effective date for the above changes will be February 18, 2020.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment to the Certificate of Formation of OneBeacon Insurance Group LLC this 6th day of February, 2020.

  
Name: Christopher V. Jerry  
Title: Authorized Person

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 04:10 PM 02/06/2020  
FILED 04:10 PM 02/06/2020  
SR 20200877489 - File Number 3461266

US.126544899.01

RECORDED: 09/11/2023

TRADEMARK  
REEL: 008194 FRAME: 0299