

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

Assignment ID: TMI59027

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
ONEBEACON INSURANCE GROUP LLC		02/06/2020	Limited Liability Company: DELAWARE
RECEIVING PARTY DATA			
Company Name:	INTACT INSURANCE GROUP USA LLC		
Street Address:	605 North Highway 169		
Internal Address:	Suite 800		
City:	Plymouth		
State/Country:	MINNESOTA		
Postal Code:	55441		
Entity Type:	Limited Liability Company: DELAWARE		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	4535087	INFORMATION TECHNOLOGY SOLUTIONS	
CORRESPONDENCE DATA			
Fax Number:			
<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>			
Phone:	3034732712		
Email:	docket@hollandhart.com,tgvanmoorhem@hollandhart.com		
Correspondent Name:	Amanda Marston		
Address Line 1:	Po Box 8749		
Address Line 4:	Denver, COLORADO 80201		
ATTORNEY DOCKET NUMBER:	109579.0012		
NAME OF SUBMITTER:	TONIA VANMOORHEM		
SIGNATURE:	TONIA VANMOORHEM		
DATE SIGNED:	02/28/2024		
Total Attachments: 2			
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source=OneBeacon Insurance Group LLC-DE-Amendment LLC-DE-Amendment (Name Change...#page2.tif			

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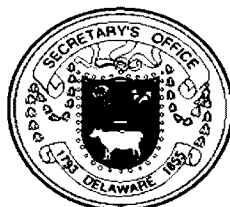
Delaware


Page 1

The First State

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

Authentication: 202344715
Date: 02-07-20

TRADEMARK
REEL: 008356 FRAME: 0686

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

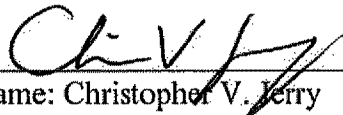
This Certificate of Amendment to the Certificate of Formation of OneBeacon Insurance Group LLC is being duly executed and filed by the undersigned person pursuant to the Delaware Limited Liability Company Act.

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 20200877480 - File Number 3461266

US.126544899.01

RECORDED: 02/28/2024

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