F00000003464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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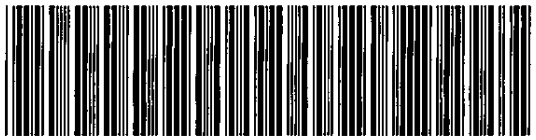

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FILED
06 JUN -8 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GF N.C

Fiserv Health

Florida Department of State
Attention: Corporations Division/Business Services
Amendment Section
PO Box 6327
Tallahassee, FL 32314

June 2, 2006

RE: Wausau Benefits, Inc.
Notice of Legal Name Change

Dear Corporations Division/Business Services:

Wausau Benefits, Inc. is a foreign corporation qualified to transact business in your state.

The purpose of this letter is to notify you that our legal name has changed from Wausau Benefits, Inc. to Fiserv Health Plan Administrators, Inc. effective June 1, 2006.

Please find enclosed the fee, form and documentation from our domicile state of Delaware as required by your office to process our name change. Please update your records with our new name and **provide us with a new Certificate of Authority reflecting our new name, if appropriate, or proof of filing**.

If you have any questions or require anything additional to process our name change or to provide us with proof of filing, please contact me at (763) 549-3301 or at the address noted at the bottom of this letter.

Sincerely,

Joanne Villa

Joanne Villa
Licensing Supervisor

Enclosures

Fiserv Health Plan Administrators, Inc.
P.O. Box 8076
Wausau, WI 54402-8076

763-549-3301 Phone
763-585-7178 Fax

jvilla@fiservhealth.com

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wausau Benefits, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F00000003464

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joanne Villa
(Name of Contact Person)

Fiserv Health
(Firm/Company)

5500 Wayzata Blvd., Suite 500
(Address)

Golden Valley, MN 55416
(City/State and Zip Code)

For further information concerning this matter, please call:

Joanne Villa (Name of Contact Person) at (763) 549-3301 (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ $35.00 Filing Fee
- ☐ $43.75 Filing Fee & Certificate of Status
- ☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- ☑ $52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
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.)

FILED
06 JUN -8 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECTION I
(1-3 MUST BE COMPLETED)

F00000003464
(Document number of corporation (if known))

1. Wausau Benefits, Inc.
(Name of corporation as it appears on the records of the Department of State)

2. Delaware
(Incorporated under laws of)

3. June 19, 2000
(Date authorized to do business in Florida)

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? June 1, 2006

5. Fiserv Health Plan Administrators, 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)

Phillip B Martin
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Phillip B. Martin
(Typed or printed name of person signing)

Assistant Secretary
(Title of person signing)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FISERV HEALTH PLAN ADMINISTRATORS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF JUNE, A.D. 2006.

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 4789772

DATE: 06-01-06