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. Alliant Insurance Services, Inc. 701 B Street, 6th Floor San Diego, CA 92101

Florida Department of State Amendment Section 2661 Executive Center Circle Clifton Building Tallahassee, FL 32301

Hi there,

Please accept the following documents and payment as filing of the merger of Clarity Benefit Consulting, LLC into Alliant Insurance Services, Inc. If you have any questions, please feel free to contact Madeline Schmidt at (619) 849-3820, or contractsadministration@alliant.com.

Thank you!

Madeline Schmidt Legal Assistant Alliant Insurance Services, Inc.

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Alliant Insurance Services, Inc.			
	lame of Surviving	Party	
The enclosed Certificate of Merger and fee(s) are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to:		
Legal Department			
Contact Person		÷	
Alliant Insurance Services, Inc.			
Firm/Company			
701 B Street, 6th Floor			
Address			· ·
San Diego, CA 92101			AGE 1
City, State and Zip Code			TAR THE
contractsadministration@alliant.com			TANK TANK
E-mail address: (to be used for future annual	report notification	n)	
			PHIZ: 22
For further information concerning this matter, please	se call:		1.2
Madeline Schmidt at (-3820	
Name of Contact Person	Area Code	e Daytime Telephor	ne Number
Certified copy (optional) \$30.00			

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

CR2E080 (2/14)



January 25, 2017

LEGAL DEPARTMENT ALLIANT INSURANCE SERVICES, INC. 701 B. STREET 6TH FLOOR SAN DIEGO, CA 92101

SUBJECT: CLARITY BENEFIT CONSULTING, LLC

Ref. Number: M10000002664

We have received your document for CLARITY BENEFIT CONSULTING, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a merger, pursuant to s.605.0212(8), Florida Statutes, each party to the merger must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the articles of merger are submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 117A00001561

Articles of Merger For Florida Limited Liability Company

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 605.1025, Florida Statutes.

FIRST: The exact name, form/entity type, and jurisdiction for each merging party are as follows:

<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
Clarity Benefit Consulting, LLC	Georgia	LLC -M10 - 2004 ALEGREE T
SECOND: The exact name, form/entity	type and jurisdiction of the sur	viving party are as follows:
Name	Jurisdiction	Form/Entity Type
Alliant Insurance Services, Inc.	Delaware	Corporation FOX - 3013

THIRD: The merger was approved by each domestic merging entity that is a limited liability company in accordance with ss.605.1021-605.1026; by each other merging entity in accordance with the laws of its jurisdiction; and by each member of such limited liability company who as a result of the merger will have interest holder liability under s.605.1023(1)(b).

<u>FOUI</u>	RTH: Please check one of the	boxes that ap	ply to surviving er	tity: (if applicable)	·				
	This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached.								
.	This entity is created by the merger and is a domestic filing entity, the public organic record is attached.								
-	This entity is created by the merger and is a domestic limited liability limited partnership or a domestic limited liability partnership, its statement of qualification is attached.								
<u> </u>	This entity is a foreign entity that does not have a certificate of authority to transact business in this state. The mailing address to which the department may send any process served pursuant to s. 605.0117 and Chapter 48, Florida Statutes is:								
	H: This entity agrees to pay any .1006 and 605.1061-605.1072,		ith appraisal rights	the amount, to which	members are entit	led under			
	H: If other than the date of filir				nnot be prior to no	or more than 90			
•	fter the date this document is fi	led by the Flo	orida Department o	of State:	,				
	vember, 2016	<u>.</u>							
	If the date inserted in this bloc document's effective date on the				ments, this date w	ill not be listed			
<u>SEVE</u>	NTH: Signature(s) for Each P	arty:			Typed or Printed	1			
Name	of Entity/Organization:	•	Signature(s):	1 1	Name of Individua				
Clarity	Benefit Consulting, LLC		1 145/		Kenneth A. Zak	•			
Allian	Insurance Services, Inc.		1161		Kenneth A. Zak				
					ALLA				
Corpo	rations:	(If no dire	ectors selected, sig	President or Officer nature of incorporator	r.) ## ## ## ## ## ## ## ## ## ## ## ## ##	3-2 P			
	al partnerships:			er or authorized person	л <u>до</u>	PH 12:			
Non-F	a Limited Partnerships: lorida Limited Partnerships: d Liability Companies:	Signature	s of all general par of a general partno of an authorized p	er	Daily	: 2 2			
Fees:	For each Limited Liability Co	ompany:	\$25.00	For each Corpora	tion:	\$35.00			
	For each Limited Partnership: \$52.50 For each General P For each Other Business Entity: \$25.00 Certified Copy (or				\$25.00 \$30.00				
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