

F11000002479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

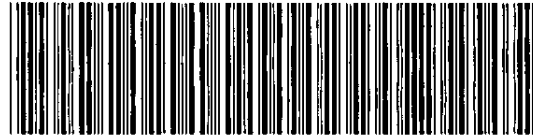
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
14 MAR 26 PM 11:47

RECEIVED
DEPARTMENT OF STATE
14 MAR 26 PM 2:01

MAR 27 2015
T. LENSEN
Verg



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 058636 4385593

AUTHORIZATION

Squibb

COST LIMIT : \$ 35.00

ORDER DATE : March 19, 2014

ORDER TIME : 12:05 PM

ORDER NO. : 058636-010

CUSTOMER NO: 4385593

FOREIGN FILINGS

NAME: AON HEWITT NAVIGATORS
INSURANCE SERVICES INC.

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT#

EXAMINER: _____

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.)

SECTION I
(1-3 MUST BE COMPLETED)

F1100002479

(Document number of corporation (if known))

1. Aon Hewitt Navigators Insurance Services Inc.

(Name of corporation as it appears on the records of the Department of State)

2. California

(Incorporated under laws of)

3. June 14, 2011

(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? February 28, 2014

5. Aon Hewitt Health Market Insurance Solutions 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)

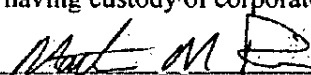
6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.


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

Matthew M. Rice

(Typed or printed name of person signing)

Vice President

(Title of person signing)

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DIVISION OF CORPORATE AFFAIRS
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**State of California
Secretary of State**

Certificate of Filing

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the **28th day of February, 2014**, there was filed in this office an amendment changing the corporation name from **AON HEWITT NAVIGATORS INSURANCE SERVICES INC.**, a California corporation, to **AON HEWITT HEALTH MARKET INSURANCE SOLUTIONS INC.**

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 24, 2014.



Debra Bowen

DEBRA BOWEN
Secretary of State