

F11000002479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

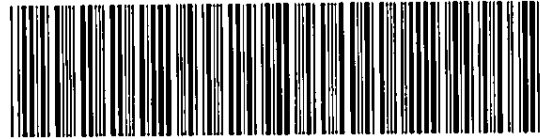
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 NOV - 1 AM 9:49  
SECRETARY OF STATE  
TALLAHASSEE, FL

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2024 NOV - 1 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : 120000000195

REFERENCE : 694836 8135519

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : October 11, 2024

ORDER TIME : 2:04 PM

ORDER NO. : 694836-040

CUSTOMER NO: 8135519

FOREIGN FILINGS

NAME: AON HEWITT HEALTH MARKET  
INSURANCE SOLUTIONS INC.

XXX\_\_ 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: Shauna Godbolt -- EXT#

EXAMINER: \_\_\_\_\_

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TALLAHASSEE, FL

**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)**

F11000002479

(Document number of corporation (if known))

1. Aon Hewitt Health Market Insurance Solutions Inc.

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

2. California

(Incorporated under laws of)

3. 06/14/2011

(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? 02/04/2022

5. Alight 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. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

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TALLAHASSEE FL

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	Andre Walton	4 Overlook Point	<input type="checkbox"/> Add
		Lincolnshire, IL 60069	<input checked="" type="checkbox"/> Remove
Dir/CFO	Katie J. Rooney	4 Overlook Point	<input type="checkbox"/> Add
		Lincolnshire, IL 60069	<input checked="" type="checkbox"/> Remove
CEO	Claudia Taber	320 South Canal Street, 50th Floor	<input checked="" type="checkbox"/> Add
		Chicago, IL 60606	<input type="checkbox"/> Remove
CFO	Jeremy Heaton	320 South Canal Street, 50th Floor	<input checked="" type="checkbox"/> Add
		Chicago, IL 60606	<input type="checkbox"/> Remove
Director	Martin Felli	320 South Canal Street, 50th Floor	<input checked="" type="checkbox"/> Add
		Chicago, IL 60606	<input type="checkbox"/> Remove

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10. 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.

DocuSigned by  
John A. Mikowski

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

John A. Mikowski

(Typed or printed name of person signing)

EVP, Deputy General Counsel & Assistant  
Corporate Secretary

(Title of person signing)

FILING FEE \$35.00



# California Secretary of State

Business Programs Division

1500 11th Street, Sacramento, CA 95814

**Request Type:** Certified Copies

**Entity Name:** ALIGHT HEALTH MARKET  
INSURANCE SOLUTIONS INC.

**Formed In:** CALIFORNIA

**Entity No.:** 2798633

**Entity Type:** Stock Corporation - CA - General

**Issuance Date:** 10/11/2024

**Copies Requested:** 1

**Receipt No.:** 008246752

**Certificate No.:** 255670624

## Document Listing

Reference #	Date Filed	Filing Description	Number of Pages
14252874-1	02/04/2022	Amendment	1

.. .... \*\*\*\*\* End of list \*\*\*\*\* .....

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, do hereby certify on the Issuance Date, the attached document(s) referenced above are true and correct copies and were filed in this office on the date(s) indicated above.



IN WITNESS WHEREOF, I execute this  
certificate and affix the Great Seal of the  
State of California on October 11, 2024.

SHIRLEY N. WEBER, PH.D.  
Secretary of State

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at [bizfileOnline.sos.ca.gov](https://bizfileOnline.sos.ca.gov).



**Secretary of State**  
**Certificate of Amendment**  
**of Articles of Incorporation**  
**Name Change Only - Stock**

**AMDT-  
STK-NA**

**IMPORTANT - Read Instructions before completing this form.**

**Filing Fee - \$30.00**

**Copy Fees - First Page \$1.00 & .50 for each attachment page;  
 Certification Fee - \$5.00**

**1. Corporation Name** (Enter the exact name of the corporation as it currently is recorded with the California Secretary of State.)

Aon Hewitt Health Market Insurance Solutions Inc.

**2. 7-Digit Secretary of State Entity  
 Number**

**2798633**

**This Space For Office Use Only**

**3. New Corporation Name**

Enter the number, letter or other designation assigned to the provision in the Articles of Incorporation being amended (e.g., "1.", "I", "First", or "One").

Article 1 of the Articles of Incorporation is amended to read:

The name of the corporation is Alight Health Market Insurance Solutions Inc.

**4. Approval Statements**

**4a. The Board of Directors has approved the amendment of the Articles of Incorporation.**

**4b. Shareholder approval was (check one):**

- ☒ By the required vote of shareholders in accordance with California Corporations Code section 902.  
 The total number of outstanding shares of the corporation entitled to vote is 100.  
 The number of shares voting in favor of the amendment equaled or exceeded the vote required.  
 The percentage vote required was more than 50%.

**OR**

☐ Not required because the corporation has no outstanding shares.

**Read, sign and date below (See Instructions for signature requirements. Note: Both lines must be signed.)**

We declare under penalty of perjury under the laws of the State of California that the matters set forth herein are true and correct of our own knowledge and we are authorized by California law to sign.

02/04/2022

Date

[Signature]  
 Signature (Do not leave blank)

John A. Mikowski, Executive Vice President

Type or Print Name of **President**

02/04/2022

Date

[Signature]  
 Signature (Do not leave blank)

Melissa J. Rechlicz, Assistant Secretary

Type or Print Name of **Secretary**

**FILED**

Secretary of State  
 State of California

A0940053

Filing Number

02/04/2022

Filing Date