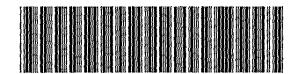
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SECRETARY OF STATE
TALLAHASSEE FLORINA

de,

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Benesight, Inc.	
(Name of Corporation)	
DOCUMENT NUMBER: F97000006718	v . **
The enclosed withdrawal application and fee are submitted for filing.	-
Please return all correspondence concerning this matter to the following:	
Joanne Villa	
(Name of Person)	`
Fiserv Health	
(Firm/Company)	٠-
5500 Wayzata Blvd., Suite 500	
(Address)	٠.
Golden Valley, MN 55416	
(City/State and Zip code)	
For further information concerning this matter, please call:	
Joanne Villa at (763) 549-3301	
(Name of Person) (Area Code & Daytime Telephone Number)	-

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



Florida Department of State Division of Corporations Amendment Section PO Box 6327 Tallahassee, FL 32314 November 16, 2006

Via Certified Mail Return Receipt Requested

RE:

Fiserv Health Plan Administrators, Inc., FEIN 39-1995276, Document No. F00000003464 Notice of Merger

AND

Benesight, Inc., FEIN 06-1151127, Document No. F97000006718

Request to Inactivate Certificate of Authority

Request to Cancel a Fictitious Name (Document No. G05321700111)

Dear Amendment Section:

Fisery Health Plan Administrators, Inc. (FEIN 39-1995276, Document No. F00000003464) and Benesight, Inc. (FEIN 06-1151127, Document No. F97000006718) are each qualified to do business as a foreign corporation in your state and each holds a certificate of authority issued by your office.

Please be advised that, effective November 1, 2006, Benesight, Inc., a Delaware corporation, merged with and into Fiserv Health Plan Administrators, Inc., also a Delaware corporation. The surviving corporation of the merger is Fiserv Health Plan Administrators, Inc. and it will continue to operate under its same federal employer identification number (FEIN).

For your reference, enclosed is a copy of a Certificate of Fact regarding the merger that was issued by the Delaware Secretary of State.

Since Benesight, Inc. has ceased to exist effective November 1, 2006, we voluntarily request that your office inactivate the certificate of authority of Benesight, Inc. Enclosed is an Application by Foreign Corporation for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida for Benesight, Inc. along with Check No. 020317 in the amount of \$35 for the filing fee.

Further, in the year 2005, Benesight, Inc. filed a fictitious name of Fiserv Health – Benesight with your office (Document No. G05321700111). Since Benesight, Inc. no longer exists, we request that your office cancel the registration of its fictitious name.

Please send correspondence, to the attention of Joanne Villa, Licensing Supervisor, at the address noted below, confirming that you have updated your records including inactivating Benesight, Inc.'s certificate of authority and canceling the registration of its fictitious name.

If you have any questions or require anything additional with regard to this merger, please contact me at (763) 549-3301 or via email at Joanne. Villa@fiservhealth.com.

Sincerely,

Joanne Villa

Licensing Supervisor

Joanne Villa

Enclosures

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

(Name of Corporation)

Benesight, Inc.

F9700006718	
(Document Number of Corporation (if	known)
Delaware	
(Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affit voluntarily surrenders its authority to transact business or conduct aff	•
This corporation revokes the authority of its registered agent in F appoints the Department of State as its agent for service of process betime it was authorized to transact business or conduct affairs in Floric	ased on a cause of action arising during the
The following is a current mailing address for the corporation:	
c/o Fiserv Health, 5500 Wayzata Blvd., Su	ite 500
(- 4
Golden Valley, MN 55416	ALLU ALLU ALLU ALLU ALLU ALLU ALLU ALLU
(City/ State /Zip)	FILI NOV 28 AHASSE
The corporation agrees to notify the Department of State in the future	of any change in its mailing address.
(Signature of Autrector, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date) P 5
Jeffrey J. Sjobeck	Vice President & Secretary
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35

Delaware.

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE CERTIFICATE OF MERGER, WHICH MERGES:

"BENESIGHT, INC.", A DELAWARE CORPORATION,

WITH AND INTO "FISERV HEALTH PLAN ADMINISTRATORS, INC."
UNDER THE NAME OF "FISERV HEALTH PLAN ADMINISTRATORS, INC.", A
CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE
OF DELAWARE, WAS RECEIVED AND FILED IN THIS OFFICE THE
THIRTY-FIRST DAY OF OCTOBER, A.D. 2006, AT 12:40 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION SHALL BE GOVERNED BY THE LAWS OF THE STATE OF DELAWARE.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE FIRST DAY OF NOVEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT UPON FILING OF THE AFORESAID CERTIFICATE OF MERGER, THE CORPORATE EXISTENCE OF "BENESIGHT, INC." WAS TERMINATED.

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5161228

DATE: 10-31-06

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