



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typewritten)

For Office Use Only

-FILED-

File #: 0004267825

Date Filed: 5/4/2021 12:59:00 PM

1. The name of the entity is: AGM Benefits, an Alera Group Agency, LLC
2. The name which it shall use in Idaho is: _____
(Enter a name here, only if you are required to adopt an alternate name.)
3. Select the type of entity you wish to register:
- | | |
|---|--|
| <input type="checkbox"/> Business Corporation | <input type="checkbox"/> General Partnership |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> General Cooperative Association |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership) |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust |
| <input type="checkbox"/> Other: _____
(Use "Other" only if your foreign entity type is not listed above, and enter the type here.) | |

4. Jurisdiction of formation: Delaware
(Provide the domestic jurisdiction where the entity was formed)

5. The address of its principal office is:

Three Parkway North, Suite 500

(Street Address)

Deerfield, IL 60015

(Mailing Address, if different)

6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

(Street Address)

(Mailing Address, if different)

7. The mailing address to which correspondence should be addressed, if different from item 5, is:

(Address)

8. Name and street address of registered agent in Idaho:

Corporation Service Company 12550 W. Explorer Drive, Suite 100, Boise, ID 83713

(Name and Address)

9. The name, capacity, and mailing address of at least one governor:

Alera Group, Inc.

(Name)

Sole Member

(Capacity)

Three Parkway North, Suite 500, Deerfield, IL 60015

(Address)

(Name)

(Capacity)

(Address)

Secretary of State use only

Typed Name: Carolyn L. Cox

Signature: _____

Carolyn L. Cox

Capacity: _____

Executive Vice President, General Counsel of AGM Benefits, an Alera Group Agency, LLC and Alera Group, Inc., its Sole Member

B05936-7085 05/04/2021 12:59 PM Received by ID Secretary of State Lawrence Denney

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AGM BENEFITS, AN ALERA GROUP AGENCY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AGM BENEFITS, AN ALERA GROUP AGENCY, LLC" WAS FORMED ON THE THIRTEENTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



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SR# 20211576837

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203119122

Date: 05-04-21

B0596-7086 05/04/2021 12:59 PM Received by ID Secretary of State Lawrence Denney