

# State of Idaho

Office of the Secretary of State

**CERTIFICATE OF AUTHORITY  
OF  
AON HEWITT ABSENCE MANAGEMENT, LLC**

File Number W 99973

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Uniform Limited Liability Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: January 28, 2011



*Ben Yursa*

SECRETARY OF STATE

By

*[Signature]*



# APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED LIABILITY COMPANY

JAN 28 PM 1:38  
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:

Aon Hewitt Absence Management, LLC

2. If the name of the limited liability company is not permissible or is not available in Idaho, the name the foreign limited liability company will use in Idaho is:

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3. The jurisdiction under whose laws the limited liability company is formed is: Connecticut

4. The name and complete street address of the registered agent in Idaho is:

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

5. The street and mailing address of the limited liability company's principal office is:

200 E. Randolph, 8th Floor, Chicago, IL 60601

*Street Address*

*Mailing Address, if different*

6. The street and mailing address of the limited liability company's office in the jurisdiction under whose laws it is organized is:

c/o Corporation Service Company, 50 Weston Street, Hartford, CT 06120

*Street Address*

*Mailing Address, if different*

7. The name and mailing address of at least one member or manager:

Jennifer L. Kraft, Manager      200 E. Randolph, 8th Floor, Chicago, IL 60601

8. The mailing address for future correspondence:

200 E. Randolph, 8th Floor, Chicago, IL 60601

9. Signature of a manager, member or authorized person: *Paulette Solinski*

*Signature*

Paulette Solinski, Vice President

*Typed Name*

Secretary of State use only

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01/28/2011 05:00  
CK: NONE CT: 1157 BH: 1257518  
1 @ 100.00 = 100.00 REGFORGLLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

W99973

Office of the Secretary of the State of Connecticut

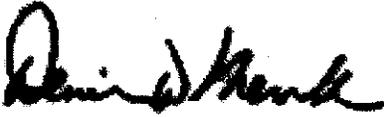
I, the Connecticut Secretary of the State, and keeper of the seal thereof,  
DO HEREBY CERTIFY, that articles of organization for

AON HEWITT ABSENCE MANAGEMENT, LLC

a domestic limited liability company, were filed in this office on August 04, 2003.

Articles of amendment for DISABILITY MANAGEMENT ALTERNATIVES, LLC, changing its  
name to AON HEWITT ABSENCE MANAGEMENT, LLC, were filed on December 08, 2010.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such  
limited liability company is in existence.



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Secretary of the State

Date Issued: January 27, 2011