

For Office Use Only



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AMENDMENT OF FOREIGN REGISTRATION #: 0004661796 MENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$30.00 + \$20.00 for manual processing (form must be typed)

. The entity name is amended to: A	light Health Market Insura	nce Solutions Inc.
a. If the new name is not availab		
The entity type is amended to:		
☐ Business Corporation	☐ General Partnersh	ip
☐ Nonprofit Corporation	☐ General Cooperati	
☐ Limited Liability Partnership		p (Including a limited liability limited partnership
☐ Limited Liability Company	☐ Statutory Trust, Bu	usiness Trust, or Common-law Business Trust
Other:		
	Provide unlisted t	foreign entity type here)
The entity's jurisdiction is amende	ed to:	
The street and mailing address(e	s) of its principal office is a	mended to:
The street and mailing address(e:	s) of its principal office is a	mended to:
• ,	s) of its principal office is a	mended to:
4 Overlook Point (Street Address)	s) of its principal office is a	mended to:
4 Overlook Point (Street Address) Lincolnshire, IL 60069	s) of its principal office is a	mended to:
4 Overlook Point (Street Address) Lincolnshire, IL 60069 (Mailing Address if different)		
4 Overlook Point (Street Address) Lincolnshire, IL 60069		
4 Overlook Point (Street Address) Lincolnshire, IL 60069 (Mailing Address if different)		is amended to:
4 Overlook Point (Street Address, Lincolnshire, IL 60069 (Mailing Address if different) The name, capacity, and mailing	address of the governor(s)	is amended to:
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4 Overlook Point (Street Address, Lincolnshire, IL 60069 (Mailing Address if different) The name, capacity, and mailing Name)	address of the governor(s) (Capacity) (Addre	is amended to:
4 Overlook Point (Street Address) Lincolnshire, IL 60069 (Mailing Address if different) The name, capacity, and mailing Name)	address of the governor(s) (Capacity) (Addre	is amended to:
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4 Overlook Point (Street Address) Lincolnshire, IL 60069 (Mailing Address if different) The name, capacity, and mailing Name) Name) yped Name: Melissa J. Rechlicz	address of the governor(s) (Capacity) (Addre (Capacity) (Addre	is amended to:



I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:

ALIGHT HEALTH MARKET INSURANCE SOLUTIONS INC.

File Number:

C2798633

Registration Date:

08/17/2005

Entity Type:

DOMESTIC STOCK CORPORATION

Jurisdiction:

CALIFORNIA

Status:

ACTIVE (GOOD STANDING)

As of March 14, 2022 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 15, 2022.

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

Certificate Verification Number: R4ND856

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at <u>bebizfile.sos.ca.gov/certification/index</u>.