

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM609991

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Allied Benefit Systems, Inc.		10/08/2020	Corporation: ILLINOIS
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Allied Benefit Systems, LLC		
<b>Street Address:</b>	200 W. Adams Street		
<b>Internal Address:</b>	Suite 500		
<b>City:</b>	Chicago		
<b>State/Country:</b>	ILLINOIS		
<b>Postal Code:</b>	60606		
<b>Entity Type:</b>	Limited Liability Company: DELAWARE		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	4524898	ALLIED AFFORDABLE CARE PLAN	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	2165790212		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
<b>Phone:</b>	2165867129		
<b>Email:</b>	clkiedrowski@jonesday.com		
<b>Correspondent Name:</b>	Carrie L. Kiedrowski, Jones Day		
<b>Address Line 1:</b>	901 Lakeside Aveune		
<b>Address Line 4:</b>	Cleveland, OHIO 44114		
<b>NAME OF SUBMITTER:</b>	Carrie L. Kiedrowski		
<b>SIGNATURE:</b>	/Carrie L. Kiedrowski/		
<b>DATE SIGNED:</b>	11/20/2020		
<b>Total Attachments: 3</b>			
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source=Allied Benefit Systems Conversion#page3.tif			

CH \$40.00 4524898

EOA 205

Illinois Secretary of State  
Department of Business Services  
STATEMENT OF CONVERSION

Secretary of State  
Department of Business Services  
501 S. Second St., Rm. 350  
Springfield, IL 62756  
217-782-6961  
www.cyberdriveillinois.com

Remit payment in the form of a cashier's check, a certified check, a money order, or an Illinois attorney's or a CPA's check payable to Secretary of State

FILED

OCT 08 2020

JESSE WHITE  
SECRETARY OF STATE

09022309

New Entity File Number

Filing Fee: 5100

Approved: *me*

Submit in duplicate Type or print clearly in black ink Do not write above this line

Converting Entity

Current file number: 52107377

- 1. Converting Entity Name: Allied Benefit Systems, Inc.
- 2. Current Entity Type: (select only one)
  - For Profit Corporation
  - Limited Liability Company
  - General Partnership
  - Limited Liability Partnership
  - Limited Partnership
  - Not For Profit
- 3. Jurisdiction and Date of Incorporation/Organization: Illinois, July 11, 1980
- 4. The conversion is authorized by the law of the foreign entity's jurisdiction of organization.

New Entity

- 5. Converted Entity Name: Allied Benefit Systems, LLC
- 6. Converted Entity Type: (select only one)
  - For Profit Corporation
  - Limited Liability Company
  - General Partnership
  - Limited Liability Partnership
  - Limited Partnership
  - Not For Profit
- 7. Jurisdiction of Incorporation/Organization: Delaware

- 8. The Converted Entity: (select only one)
  - intends to transact business in Illinois
  - will not be transacting business in Illinois (Please set forth address below.)
 Address for Service of Process: 200 W ADAMS ST, STE 500, CHICAGO, IL 60606  
(PO Box alone is not acceptable)

- 9. Effective Date of Conversion: If a future date is chosen, MUST be within 90 days of filing.
  - Upon Filing
  - Future Effective Date: \_\_\_\_\_

The Conversion was approved in accordance with Section 205 of the Entity Omnibus Act.  
The formation document and fee for the Converted Entity must be attached.

10. The undersigned Entity has caused this statement to be signed by a duly authorized signer who affirms, under penalties of perjury, that the facts stated herein are true and correct. All signatures must be in BLACK INK.

Dated October 7, 2020  
Month & Day Year

ALLIED BENEFIT SYSTEMS, INC  
Exact Name of Converting Entity

*[Signature]*  
Any Authorized Signer's Signature  
Mitchell D. Wilneff, President

Name and Title (type or print)

STATE OF DELAWARE  
CERTIFICATE OF CONVERSION  
FROM A CORPORATION TO A  
LIMITED LIABILITY COMPANY PURSUANT TO  
SECTION 18-214 OF THE LIMITED LIABILITY ACT

- 1.) The jurisdiction where the Corporation first formed is Illinois.
- 2.) The jurisdiction immediately prior to filing this Certificate is IL.
- 3.) The date the corporation first formed is July 11, 1980.
- 4.) The name of the Corporation immediately prior to filing this Certificate is Allied Benefit Systems, Inc.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is Allied Benefit Systems, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the  
7th day of October, A.D. 2020.

By: /s/ Mitchell D. Wilneff  
Authorized Person

Name: Mitchell D. Wilneff  
Print or Type

**CERTIFICATE OF FORMATION**

**OF**

**ALLIED BENEFIT SYSTEMS, LLC**

*Pursuant to Title 6, Chapter 18, Sections 201 and 204  
of the Delaware Code*

This Certificate of Formation of Allied Benefit Systems, LLC is being duly executed and filed by the undersigned to form a limited liability company under the Delaware Limited Liability Company Act (6 Del.C. § 18-101, *et seq.*), as amended from time to time.

(1) The name of the limited liability company formed hereby is Allied Benefit Systems, LLC.

(2) The address of the registered office of the limited liability company in the State of Delaware is:

c/o Corporation Service Company  
251 Little Falls Drive  
Wilmington, Delaware 19808

(3) The name and address of the registered agent of the limited liability company for service of process on the limited liability company in the State of Delaware is:

c/o Corporation Service Company  
251 Little Falls Drive  
Wilmington, Delaware 19808

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation as of October 7th, 2020.

By: /s/Mitchell D. Wilneff  
Name: Mitchell D. Wilneff  
Title: Authorized Person

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 12:34 PM 10/07/2020  
FILED 12:34 PM 10/07/2020  
SR 20207695649 - File Number 3830554

**RECORDED: 11/20/2020**

**TRADEMARK  
REEL: 007112 FRAME: 0188**