

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38993

FILED
Feb 16, 2021
Secretary of State
7440146734CC

Entity Name: CONCENTRIX INSURANCE ADMINISTRATION SOLUTIONS CORPORATION

Current Principal Place of Business:

2000 WADE HAMPTON BLVD.
GREENVILLE, SC 29615

Current Mailing Address:

2000 WADE HAMPTON BOULEVARD
COMPLIANCE DEPARTMENT
GREENVILLE, SC 29615 US

FEI Number: 57-0935614

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CORPORATE SECRETARY, EVP, HR & LEGAL
Name RICHIE, STEVEN L
Address 44111 NOBEL DRIVE
City-State-Zip: FREMONT CA 94538

Title CFO
Name VALENTINE, ANDRE S
Address 201 EAST FOURTH STREET
City-State-Zip: CINCINNATI OH 45202

Title DIRECTOR
Name RICHIE, STEVEN L
Address 44111 NOBEL DRIVE
City-State-Zip: FREMONT CA 94538

Title DIRECTOR
Name VALENTINE, ANDRE S
Address 201 EAST FOURTH STREET
City-State-Zip: CINCINNATI OH 45202

Title PRESIDENT
Name CASSIDY, PHILIP
Address MAYSFIELD, 49 EAST BRIDGE STREET
City-State-Zip: BELFAST, N. IRELAND BT1 3NR

Title DIRECTOR
Name CASSIDY, PHILIP
Address MAYSFIELD, 49 EAST BRIDGE STREET
City-State-Zip: BELFAST, N. IRELAND BT1 3NR

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANDRE S. VALENTINE

CFO

02/16/2021

Electronic Signature of Signing Officer/Director Detail

Date