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.

PRESIDENT

SIGNATURE: PHILIP C. RATCLIFF

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P38993

Entity Name: CONCENTRIX INSURANCE ADMINISTRATION SOLUTIONS CORPORATION

2021 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

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

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

Officer/Director Detail :

Title	PRESIDENT	Title	DIRECTOR
Name	RATCLIFF, PHILIP C	Name	OLIVE, HOLLY M
Address	141 TRACTION STREET	Address	141 TRACTION STREET
City-State-Zip:	GREENVILLE SC 29611	City-State-Zip:	GREENVILLE SC 29611
Title	DIRECTOR	Title	COO, SECRETARY & TREASURER
Title Name	DIRECTOR RATCLIFF, PHILIP C	Title Name	COO, SECRETARY & TREASURER OLIVE, HOLLY
			,

Certificate of Status Desired: No

FILED Jul 21, 2021 Secretary of State 2866912124CC

07/21/2021 Date

Date