RI SOS Filing Number: 201183880380 Date: 10/06/2011 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of $25.00.*

1. ID No.	2. Exact name of the limited liability company
000138843	COGNIZANT TECHNOLOGY SOLUTIONS SERVICES, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
AZ	THIRD PARTY INSURANCE ADMINISTRATION

5. Principal office address	City	State	Zip
c/o Cognizant Technology Solutions, 500 Frank W. Burr Blvd.	Teaneck	NJ	07666

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Jonathan Olefson	Manager

Street Address	City	State	Zip
500 Frank W. Burr Blvd.	Teaneck	NJ	07666

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
Jonathan Olefson	500 Frank W. Burr Blvd.	Teaneck	NJ	07666
Gordon J. Coburn	500 Frank W. Burr Blvd.	Teaneck	NJ	07666
James Yu	500 Frank W. Burr Blvd.	Teaneck	NJ	07666

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

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SECRETARY OF STATE
CORPORATIONS DIV

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted] [redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person — *Date* 9/26/2011

[redacted] Jonathan Olefson, Manager
Print or Type Name of Authorized Person

FILED
File Date
Check No. OCT 06 2011
By: 29-153 722
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Form 632 Rev. 08/08

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