State of Rhode Island
Office of the Secretary of State

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Business Corp
Annual Report - Amended

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 000068425

2. Name of Corporation Concentrix Insurance Administration Solutions Corporation

3. Street Address Principal Business Office:

No. and Street: 2000 WADE HAMPTON BOULEVARD
City or Town: GREENVILLE State: SC Zip: 29615 Country: USA

5. State of Incorporation

State: SC

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

524292

6. Brief Description of the Character of Business Conducted in Rhode Island

ADMINISTRATIVE SERVICES FOR INSURANCE COMPANIES - THIRD PARTY ADMINISTRATOR.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	PHILIP RATCLIFF	141 TRACTION STREET GREENVILLE, SC 29611 USA
TREASURER	HOLLY OLIVE	141 TRACTION STREET GREENVILLE, SC 29611 USA
SECRETARY	HOLLY OLIVE	141 TRACTION STREET GREENVILLE, SC 29611 USA
CHIEF OPERATING OFFICER	HOLLY OLIVE	141 TRACTION STREET

		GREENVILLE, SC 29611 USA
DIRECTOR	HOLLY OLIVE	141 TRACTION STREET GREENVILLE, SC 29611 USA
DIRECTOR	PHILIP RATCLIFF	141 TRACTION STREET GREENVILLE, SC 29611 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Number of Shares*	Total Issued and Outstanding *Num of Shares*
CWP		$2.0000	40,000,000.00	30164349

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 28 Day of July, 2021 at 1:09:39 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By TAMMY MORRIS
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

July 28, 2021 01:09 PM

Nellie M. Gorbea
Secretary of State