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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024 Amended
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
000527970	Genpact Insurance Administration Services Inc.

3. Principal Office Address	City	State	Zip
521 Fifth Avenue, 14th Floor	New York	NY	10175

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
561499	Business Process Management and IT Services
5. State of Incorporation	
DE	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Paul Douglas Schlarman Jr.	521 Fifth Avenue, 14th Floor	New York	NY	10175

Vice-President Name	Street Address	City	State	Zip
Venkata Rama Krishna Yadavalli	521 Fifth Avenue, 14th Floor	New York	NY	10175

Secretary Name	Street Address	City	State	Zip
Paul Douglas Schlarman Jr.	521 Fifth Avenue, 14th Floor	New York	NY	10175

Treasurer Name	Street Address	City	State	Zip
Paul Douglas Schlarman Jr.	521 Fifth Avenue, 14th Floor	New York	NY	10175

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Paul Douglas Schlarman Jr.	521 Fifth Avenue, 14th Floor	New York	NY	10175
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	CWP	0.0100

11. 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.

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.

Name of Authorized Representative	Date
Paul Douglas Schlarman Jr.	10/11/2024

FILED
OCT 16 2024
BY

Signature of Authorized Representative

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023