

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P35385

**Entity Name:** IISI INSURANCE SERVICES INC.

**Current Principal Place of Business:**

2553 DULLES VIEW DR  
SUITE 400  
HERNDON, VA 20171

**Current Mailing Address:**

2553 DULLES VIEW DR  
SUITE 400  
HERNDON, VA 20171 US

**FEI Number:** 36-3147665

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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            PRESIDENT  
Name            RAVICHANDRAN, HARI  
Address        2553 DULLES VIEW DR  
                 SUITE 400  
City-State-Zip: HERNDON VA 20171

Title            CFO  
Name            PORTER, WILLIAM  
Address        2553 DULLES VIEW DR  
                 SUITE 400  
City-State-Zip: HERNDON VA 20171

Title            DIRECTOR  
Name            CUNNEEN, BLAKE  
Address        2553 DULLES VIEW DR  
                 SUITE 400  
City-State-Zip: HERNDON VA 20171

Title            DIRECTOR  
Name            SAEED, HAMED  
Address        2553 DULLES VIEW DR  
                 SUITE 400  
City-State-Zip: HERNDON VA 20171

Title            DIRECTOR  
Name            RAVICHANDRAN, HARI  
Address        2553 DULLES VIEW DR  
                 SUITE 400  
City-State-Zip: HERNDON VA 20171

Title            VP  
Name            RUGGIERI, STEPHANI  
Address        2553 DULLES VIEW DR  
                 SUITE 400  
City-State-Zip: HERNDON VA 20171

Title            INSURANCE COMPLIANCE OFFICER  
Name            VELEZ, D. MARIE  
Address        2553 DULLES VIEW DR  
                 SUITE 400  
City-State-Zip: HERNDON VA 20171

Title            CLO  
Name            BERLIN, DUANE L.  
Address        2553 DULLES VIEW DR  
                 SUITE 400  
City-State-Zip: HERNDON VA 20171

**Continues on page 2**

*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:** DUANE L. BERLIN

**SECRETARY**

**05/29/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name BERLIN, DUANE L.  
Address 2553 DULLES VIEW DR  
SUITE 400  
City-State-Zip: HERNDON VA 20171