

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35385

Entity Name: IISI INSURANCE SERVICES INC.**Current Principal Place of Business:**315 W UNIVERSITY DRIVE
ARLINGTON HEIGHTS , IL 60004**Current Mailing Address:**315 W UNIVERSITY DRIVE
ARLINGTON HEIGHTS , IL 60004 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 SECRETARY
Name BERLIN, DUANE L.
Address 2553 DULLES VIEW DR
 SUITE 400
City-State-Zip: HERNDON VA 20171

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: CUNNEEN, BLAKE**CFO****04/25/2023**

Electronic Signature of Signing Officer/Director Detail

Date