

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000004755

Entity Name: HIGHLAND INSURANCE SOLUTIONS LLC**Current Principal Place of Business:**899 EL CENTRO STREET
SOUTH PASADENA, CA 91030**Current Mailing Address:**899 EL CENTRO STREET
SOUTH PASADENA, CA 91030 US**FEI Number:** 27-3207110**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUSINESS FILINGS INCORPORATED
1200 SOUTH PINE ISLAND ROAD
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**Authorized Person(s) Detail :**

Title	MANAGER
Name	PATEL, REEKEN
Address	899 EL CENTRO STREET
City-State-Zip:	SOUTH PASADENA CA 91030

Title	MANAGER
Name	BLANDFORD, PATRICK M
Address	899 CENTRO STREET
City-State-Zip:	SOUTH PASADENA CA 91030

Title	MEMBER
Name	WNC INSURANCE SERVICES, INC.
Address	899 EL CENTRO STREET
City-State-Zip:	SOUTH PASADENA CA 91030

Title	MANAGER
Name	SHAW, MATTHEW
Address	899 EL CENTRO STREET
City-State-Zip:	SOUTH PASADENA CA 91030

Title	MANAGER
Name	HEINRICH, NORMAN
Address	899 EL CENTRO STREET
City-State-Zip:	SOUTH PASADENA CA 91030

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LINDA LONG

COO

03/10/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date