2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2021
Secretary of State
6135974606CC

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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 ST
City-State-Zip:	SOUTH PASADENA CA 91030

Title	MANAGER
Name	BLANDFORD, PATRICK M
Address	899 CENTRO ST
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 03/30/2021

Electronic Signature of Signing Authorized Person(s) Detail — Date