

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000004755

Entity Name: HIGHLAND INSURANCE SOLUTIONS LLC**Current Principal Place of Business:**1804 N. NAPER BLVD.
SUITE 400
NAPERVILLE, IL 60563**Current Mailing Address:**1804 N. NAPER BLVD.
SUITE 400
NAPERVILLE, IL 60563 US**FEI Number:** 27-3207110**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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, SENIOR VICE PRESIDENT
Name GALLAGHER, KEVIN
Address 1777 SENTRY PARKWAY WEST,
BUILDING 17
SUITE 230
City-State-Zip: BLUE BELL PA 19422

Title PRESIDENT
Name GIRDEN, RICHARD
Address 1804 N. NAPER BLVD
SUITE 400
City-State-Zip: NAPERVILLE IL 60563

Title TREASURER
Name TREACY, JOHN C.
Address 605 HIGHWAY 169 NORTH
SUITE 800
City-State-Zip: PLYMOUTH MN 55441

Title MANAGER, SENIOR VICE PRESIDENT
Name O'LEARY, LYNN
Address 605 HIGHWAY 169 NORTH
SUITE 800
City-State-Zip: PLYMOUTH MN 55441

Title SECRETARY
Name BARROW, KARA L.B.
Address 605 HIGHWAY 169 NORTH
SUITE 800
City-State-Zip: PLYMOUTH MN 55441

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: KARA L.B. BARROW**SECRETARY****01/27/2023**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date