2024 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Aug 19, 2024
Secretary of State
5437571695CC

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

Title	MANAGER, VP
Name	KOLAR, SARAH A
Address	605 HIGHWAY 169 NORTH SUITE 800
City-State-Zip:	PLYMOUTH MN 55441

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

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

Title	VP
Name	NAGLE, EMILY
Address	1804 N. NAPER BLVD. SUITE 400
City-State-Zip:	NAPERVILLE IL 60563

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 08/19/2024

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