

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000006455

**Entity Name:** RYZE CLAIM SOLUTIONS LLC**Current Principal Place of Business:**14701 CUMBERLAND ROAD  
SUITE 300  
NOBLESVILLE, IN 46060**Current Mailing Address:**PO BOX 40878  
INDIANAPOLIS, IN 46240 US**FEI Number:** 35-2072320**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 MEMBER  
Name CLAIMS MANAGEMENT HOLDINGS, LLC  
Address 30 SOUTH WACKER DRIVE  
SUITE 2200  
City-State-Zip: CHICAGO IL 60606

Title MANAGER  
Name MCLKAUGHLIN, JOHN  
Address 14701 CUMBERLAND ROAD  
SUITE 300  
City-State-Zip: NOBLESVILLE IN 46060

Title MANAGER  
Name LAZZOPINA, TRACEY  
Address 14701 CUMBERLAND ROAD  
SUITE 300  
City-State-Zip: NOBLESVILLE IN 46060

Title MANAGER  
Name GRIPPA, ANTHONY  
Address 14701 CUMBERLAND ROAD  
SUITE 300  
City-State-Zip: NOBLESVILLE IN 46060

Title MANAGER  
Name SHEALY, MARK  
Address 14701 CUMBERLAND ROAD  
SUITE 300  
City-State-Zip: NOBLESVILLE IN 46060

*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:** MARK SHEALY**ANNUAL REPORT SIGNER** 04/19/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date