

2022 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 14701 CUMBERLAND ROAD SUITE 300
City-State-Zip: NOBLESVILLE IN 46060

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

MANAGER

04/21/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date