

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000004675

**Entity Name:** GENPACT INSURANCE ADMINISTRATION SERVICES INC.**Current Principal Place of Business:**1155 AVENUE OF THE AMERICAS  
4TH FLOOR  
NEW YORK, NY 10036**Current Mailing Address:**1155 AVENUE OF THE AMERICAS  
4TH FLOOR  
NEW YORK, NY 10036 US**FEI Number:** 20-5078447**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
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**Officer/Director Detail :**

|                 |                                          |
|-----------------|------------------------------------------|
| Title           | VP                                       |
| Name            | YADAVALLI, VENKATA RAMA<br>KRISHNA       |
| Address         | 1155 AVENUE OF THE AMERICAS<br>4TH FLOOR |
| City-State-Zip: | NEW YORK NY 10036                        |

|                 |                                              |
|-----------------|----------------------------------------------|
| Title           | PRESIDENT, TREASURER,<br>SECRETARY, DIRECTOR |
| Name            | VEERAPANENI, PRASAD                          |
| Address         | 1155 AVENUE OF THE AMERICAS<br>4TH FL        |
| City-State-Zip: | NEW YORK NY 10036                            |

|                 |                                          |
|-----------------|------------------------------------------|
| Title           | DIRECTOR                                 |
| Name            | SCHOLTES, THOMAS                         |
| Address         | 1155 AVENUE OF THE AMERICAS<br>4TH FLOOR |
| City-State-Zip: | NEW YORK NY 10036                        |

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** PRASAD VEERAPANENIPRESIDENT,  
TREASURER,  
SECRETARY

04/26/2022

