No. W 126716		Due no later than Jun 30, 2016		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		WIPRO INSURANCE SOLUTIONS LLC ANNUAL REPORTS 2 TOWER CENTER BLVD #2200 EAST BRUNSWICK NJ 08816						
					3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.								
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	KRISHNA NACHA		2 TOWER CENTER BLVD #2200		EAST BRUNSWICK	NJ	USA	08816
5. Organized Under the Laws of:		6. Annual Repor	t must be signed.*					
DE W 126716		Signature: Mitchell Mackler		Date: 08/23/2016				
		Name (type or print): Mitchell Mackler			Title: AUTHORIZED PERSON			
Processed 08/23/2016 * Electronically provided signatures are accepted as original signatures.								