

F110000000241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2011 JAN 19 PM 12:42
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stivers JAN 20 2011

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Seven Corners Insurance Solutions, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Indiana

(State or country under the law of which it is incorporated)

3. 26-3547927

(FEI number, if applicable)

4. 10/10/2008

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 400 Continental Boulevard, Suite 6006, El Segundo, CA 90245

(Principal office address)

400 Continental Boulevard, Suite 6006, El Segundo, CA 90245

(Current mailing address)

8. The business of insurance functioning as an insurance agency.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 2731 Executive Park Dr., Ste 4

Weston, Florida 33331

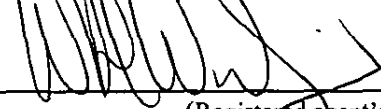
(City)

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

NRAI Services, Inc.



(Registered agent's signature) WHL Woodyard IV, Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: SEE ATTACHED

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE ATTACHED

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Daisuke Nakamura, President
(Typed or printed name and capacity of person signing application)

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Seven Corners Insurance Solutions, Inc.
List of Officers and Directors

Daisuke Nakamura, President
400 Continental Boulevard, Suite 6006
El Segundo, CA 90245

Stuart Shiroma, Vice President
400 Continental Boulevard, Suite 6006
El Segundo, CA 90245

Emiko Sasahara, Vice President
400 Continental Boulevard, Suite 6006
El Segundo, CA 90245

James Krampen, Jr., Secty/Treas/Director
303 Congressional Boulevard
Carmel, IN 46032

Edwin W. Tysdal, Director
303 Congressional Boulevard
Carmel, IN 46032

Justin J. Tysdal, Director
303 Congressional Boulevard
Carmel, IN 46032

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TALLAHASSEE, FLORIDA

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STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

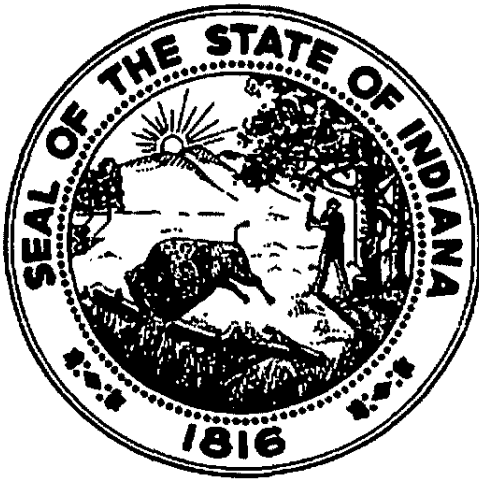
I, Charles P. White, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

SEVEN CORNERS INSURANCE SOLUTIONS, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on October 10, 2008, and was in existence or authorized to transact business in the State of Indiana on January 05, 2011.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Fifth Day of January, 2011.

Charles P. White

Charles P. White, Secretary of State

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