

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000000241

Entity Name: SEVEN CORNERS INSURANCE SOLUTIONS, INC.**Current Principal Place of Business:**21241 WESTERN AVENUE, SUITE 250
TORRANCE, CA 90501**Current Mailing Address:**21241 WESTERN AVENUE, SUITE 250
TORRANCE, CA 90501 US**FEI Number:** 26-3547927**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 P
Name NAKAMURA, DAISUKE
Address 21241 WESTERN AVENUE, SUITE 250
City-State-Zip: TORRANCE CA 90501

Title VP
Name SHIROMA, STUART
Address 21241 WESTERN AVENUE, SUITE 250
City-State-Zip: TORRANCE CA 90501

Title VP
Name SASAHARA, EMIKO
Address 21241 WESTERN AVENUE, SUITE 250
City-State-Zip: TORRANCE CA 90501

Title STD
Name KRAMPEN, JAMES JR
Address 303 CONGRESSIONAL BLVD
City-State-Zip: CARMEL IN 46032

Title D
Name TYSDAL, EDWIN W
Address 303 CONGRESSIONAL BLVD
City-State-Zip: CARMEL IN 46032

Title D
Name TYSDAL, JUSTIN J
Address 303 CONGRESSIONAL BLVD
City-State-Zip: CARMEL IN 46032

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: EMIKO SASAHARA

VP

01/28/2020

Electronic Signature of Signing Officer/Director Detail

Date