

2018 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

03/13/2018

Electronic Signature of Signing Officer/Director Detail_____
Date