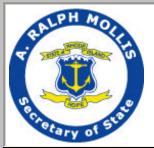
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State of Rhode Island and Providence Plantations Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Limited Liability Company Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2010

1. ID No. 000163719

2. Exact Name of the Limited Liability Company SJA Insurance Agency, LLC

3. State of Formation

State: NC

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

SJA Insurance Agency, LLC is a wholly-owned subsidiary of Sompo Japan Insurance Company of America, who sells commercial property and casualty insurance through brokers in all 51 U.S. jurisdictions. We have no locations in Rhod and our only affiliation with Rhode Island is when one of our insureds has a location in that state, for which we are duly and appointed.

5. Principal Office Address

No. and Street: 13850 BALLANTYNE CORPORATE PLACE, 2ND FLOOR

SUITE 200

City or Town: CHARLOTTE State: NC Zip: 28227-2711 Country

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 13850 BALLANTYNE CORPORATE PLACE, 2ND FLOOR

SUITE 200

City or Town: CHARLOTTE State: NC Zip: 28227-2711 Countr

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	H CLARK JACKSON	13850 BALLANTYNE CORPROATE PLACE, SUITE CHARLOTTE, NC 28277-2711 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

INCORP SERVICES, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 23 Day of September, 2010 at 9:44:53 AM by the authorized person. This electronic signature of individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatounder penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the compand that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By H. CLARK JACKSON

Signature of Authorized Person

Form No. 632 Revised 09/07

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