



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

Fe

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 sell commercial property and casualty insurance through brokers in all 51 U.S. jurisdictions. We have no locations in Rhode Island 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 Country:

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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	H CLARK JACKSON	13850 BALLANTYNE CORPORATE PLACE, SUITE 200 CHARLOTTE, NC 28227-2711 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 signatory under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company and 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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