



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

Fee: \$50.00

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

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2013

1. Corporate ID No. 000105867

2. Name of Corporation American Claims Management, Inc.

3. Street Address Principal Business Office:

No. and Street: 701 B STREET, SUITE 2100

City or Town: SAN DIEGO

State: CA

Zip: 92101

Country: USA

4. Business Phone No.

5. State of Incorporation

State: CA

6. Brief Description of the Character of Business Conducted in Rhode Island

Insurance Claims Adjusting & Related Services

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	SCOTT BRADFORD MARSHALL	701 B STREET, #2100 SAN DIEGO, CA 92101 USA
TREASURER	CHRISTOPHER T UCHIDA	701 B STREET, STE 2100 SAN DIEGO, CA 92101 USA
CEO	CHRIS L WALKER	701 B STREET, #2100 SAN DIEGO, CA 92101 USA
VICE PRESIDENT	CORY T WALKER	220 S RIDGEWOOD AVE DAYTONA BEACH, FL 32114 USA
VICE PRESIDENT & SECRETARY	LAUREL L GRAMMIG	655 N FRANKLIN ST STE 1900

		TAMPA, FL 33602 USA
DIRECTOR	CHRIS L WALKER	701 B STREET, #2100 SAN DIEGO, CA 92101 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	2,000.00	596

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 27 Day of February, 2013 at 9:46:23 AM. *This electronic signature of the 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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By LAUREL L GRAMMIG
Signature of Authorized Representative of the Corporation

VP & SECRETARY
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07

© 2007 - 2013 State of Rhode Island and Providence Plantations
All Rights Reserved