



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: 2015

1. Corporate ID No. 000576184

2. Name of Corporation Seven Corners Insurance Solutions, Inc.

3. Street Address Principal Business Office:

No. and Street: 21241 SOUTH WESTERN AVENUE, SUITE
250

City or Town: TORRANCE

State: CA Zip: 90501 Country: USA

4. Business Phone No.

310-347-3100

5. State of Incorporation

State: IN

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

INSURANCE AGENCY

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	DAISUKE NAKAMURA	400 CONTINENTAL BOULEVARD, SUITE 6006 EL SEGUNDO, CA 90245 USA
TREASURER	JAMES J KRAMPEN JR	303 CONGRESSIONAL BLVD. CARMEL, IN 46032 USA
SECRETARY	JAMES J KRAMPEN JR	303 CONGRESSIONAL BLVD. CARMEL, IN 46032 USA
VICE PRESIDENT	EMIKO SASAHARA	400 CONTINENTAL BLVD., #6006 EL SEGUNDO, CA 90245 USA

DIRECTOR	EDWIN W TYSDAL	303 CONGRESSIONAL BLVD CARMEL, IN 46032 USA
DIRECTOR	JUSTIN J TYSDAL	303 CONGRESSIONAL BLVD CARMEL, IN 46032 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	1,000.00	750

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, 2015 at 12:02:18 PM. *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 EMIKO SASAHARA

Signature of Authorized Representative of the Corporation

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

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