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

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: 2016

1. ID No. 000163719

2. Exact Name of the Limited Liability Company Sompo America Insurance Services LLC

3. State of Formation

State: NC

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code 6 524210

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

SOMPO AMERICA INSURANCE SERVICES 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 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 LICENSED AND APPOINTED.

5. Principal Office Address

No. and Street: 11405 NORTH COMMUNITY HOUSE ROAD
SUITE 500
City or Town: CHARLOTTE State: NC Zip: 28277 Country: USA

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

Contact Name: DAWN WELSHANS Contact Title: LICENSING ADMINISTRATOR
No. and Street: 11405 NORTH COMMUNITY HOUSE ROAD
SUITE 600
City or Town: CHARLOTTE State: NC Zip: 28277 Country: USA

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	11405 N. COMMUNITY HOUSE RD., SUITE 600 CHARLOTTE, NC 28277 USA

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

CORPORATION SERVICE COMPANY 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 22 Day of September, 2016 at 9:53:42 AM by the authorized person. *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 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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