



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: 2017

1. Corporate ID No. 000105867

2. Name of Corporation American Claims Management, Inc.

3. Street Address Principal Business Office:

No. and Street: 2544 CAMPBELL PLACE

City or Town: CARLSBAD

State: CA

Zip: 92008

Country: USA

4. Business Phone No.

5. State of Incorporation

State: CA

ARTICLE III

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

NAICS Code

6

52

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

INSURANCE CLAIMS ADJUSTING AND 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
CHIEF EXECUTIVE OFFICER & PRESIDENT	SCOTT MARSHALL	2548 CAMPBELL PLACE CARLSBAD, CA 92009 USA
VICE PRESIDENT	JAMES LANNI	220 S. RIDGEWOOD AVENUE

		DAYTONA BEACH, FL 32114 USA
VICE PRESIDENT	ANDY WATTS	220 S. RIDGEWOOD AVE. DAYTONA BEACH, FL 32114 USA
VICE PRESIDENT & SECRETARY	ROBERT W. LLOYD	220 S. RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114 USA
VICE PRESIDENT & ASSISTANT SECRETARY	ANTHONY ROBINSON	220 S. RIDGEWOOD AVE. DAYTONA BEACH, FL 32114 USA
CHAIRMAN OF THE BOARD	CHRIS L. WALKER	701 B STREET, SUITE 2100 SAN DIEGO, CA 92101 USA
VICE PRESIDENT & TREASURER	STEVEN GORLICK	701B STREET SAN DIEGO, CA 92101 USA
DIRECTOR	CHRIS L. WALKER	701 B STREET, SUITE 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 28 Day of January, 2017 at 4:55:37 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 KELLY LETTMANN
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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