

1.) CORPORATION NAME: <b>PYRAMID INSURANCE CENTRE, LTD.</b>	DUE DATE: <b>4/30/2013</b>		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM          4701 COX RD STE 301          GLEN ALLEN, VA</b>	SCC ID NO: <b>F1748393</b>		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
4.) STATE OR COUNTRY OF INCORPORATION: <b>HI</b>			

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 420 Waiakamilo Rd, Suite 411

CITY/ST/ZIP: HONOLULU, HI 96817

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JERRY G MANIN TITLE: PRESIDENT ADDRESS: 420 Waiakamilo Rd, Suite 411 CITY/ST/ZIP/CO: HONOLULU, HI 96817	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: JEFFREY Y KANADA TITLE: VICE PRESIDENT ADDRESS: 420 Waiakamilo Rd, Suite 411 CITY/ST/ZIP/CO: HONOLULU, HI 96817	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: KENNETH J KIM TITLE: EXEC VP ADDRESS: 420 Waiakamilo Rd, Suite 411 CITY/ST/ZIP/CO: HONOLULU, HI 96817	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: TERRANCE LEE TITLE: EXEC VP ADDRESS: 420 Waiakamilo Rd, Suite 411 CITY/ST/ZIP/CO: HONOLULU, HI 96817	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: PAUL K TANIYAMA TITLE: EXEC VP ADDRESS: 420 Waiakamilo Rd, Suite 411 CITY/ST/ZIP/CO: HONOLULU, HI 96817	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JERRY G MANIN	JERRY G MANIN, PRESIDENT	4/17/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.