

1.) CORPORATION NAME:

PYRAMID INSURANCE CENTRE, LTD.

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1748393**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

HI

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: Richard Kawatani 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: 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
NAME: Jerry G Manin TITLE: CEO 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	3/18/2014
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.		